MEDICAL RECORDS RELEASE

Authorization for Disclosure of Protected Health Information

To: Women's Health Partnership Medical Group
Patrick Diesfeld, M.D.
168 N. Brent St #407
Ventura, CA 93003
805-648-2717phone
805-648-2023 fax

I hereby authorize and request you to release records to:

Name _____

Address _____

Phone _____

Fax or Email _____

Reason for records request: _____

Medical records to be released:

_____

_____
Patient Signature

_____ _____
Print Patient Name Date of Birth

_____
Address

_____ _____
Phone Today's Date