

# Authorization for Release and/or Disclosure of Medical Information

## 1. I hereby authorize:

Casa Verde Pediatrics, Inc./Dr. Lisa M. Asta 301 Lennon Ln. Ste. 203 Walnut Creek, CA 94598 Phone: (925)939-7334 Fax: (925) 939-7340

## 2. To release and/or disclose the medical information to the person/entity I have indicated below:

Person/Entity authorized to receive the information: \_\_\_\_\_

Complete Mailing Address/Phone/Fax: \_\_\_\_\_

## 3. This authorization applies to the following health information:

- All Medical Records
- Immunization records

*If the following information to be used/disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be used or disclosed if I place my initials in the applicable space next to the type of information:*

- \_\_\_ Drug/Alcohol diagnosis, treatment or referral information
- \_\_\_ Mental Health Information – Including provider notes
- \_\_\_ HIV/AIDS information
- \_\_\_ Genetic testing information

## 4. I request that the health information released and disclosed pursuant to this authorization be used for futher medical care.

**5. Expiration:** This authorization shall become effective immediately and shall remain in effect until 11/15/2021.

**6. Preferred method of delivery:**  Pick up  Mail (postage charged)

*\*\*We regret that we are unable to email records as the files are large and they contain protected health information.*

**7. Preferred format:**  CD  Paper copies made of the record indicated  USB Drive

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Print Requestor Name (if other than patient): \_\_\_\_\_

Relationship to Patient:  Legal Representative  Parent/Guardian

*Please return this to our office via fax at (925) 939-7340, mail (301 Lennon Lane Suite 203 Walnut Creek, CA 94598), or you may email it to [records@cypediatrics.com](mailto:records@cypediatrics.com) if you choose to send protected health information over the internet. If you are requesting records after 11/15/2021, please call (925) 930-8770.*