QUALITY CARE FAMILY PRACTICE

Anuradha Sathya, MD
2083 Compton Ave., Suite 105
Corona, CA 92881

Phone: (951) 808 3000
Fax: (951) 403 6626

General Medical Records Release and Authorization for Use or Disclosure of Protected Health Information

Patient Name: _____

Address: _____

_____

Phone: _____

Social Security Number: _____ Date of Birth: _____/_____/_____

I authorize the (Name, Address, Phone & Fax number of the practice)

_____

_____

to disclose/release the following information (check all applicable):

H $OO UHFRUGV
H /DERUDWRU\ SDWKRORJ\ UHFRUGV
H ;ray/radiology records
H 2WKHU GHVFULEH VSHFLILFDOO\

Please send the records listed above to:
Quality Care Family Practice,
2083 Compton Av e, Suite 105
Corona, CA 92881
Fax: (951) 403 6626

_____ _____

6LJQDWXUH RI SDWLHQW RU Personal representative) Date

This document is valid for 90days since the date of the signature.