



Authorization to Obtain Medical Records

(Please Print)

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

I hereby authorize PACIFIC ENDOMETRIOSIS AND PELVIC SURGERY to receive protected health information, including copies of the medical record of the above-named patient, from the following person or facility:

(Please Print)

Name: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**Please circle the purpose of release:**

**Continuing Care   Copies for own use   Insurance   Legal   Other: \_\_\_\_\_**

**Please circle the delivery of request:**

**Mail to below address   pick up records   fax to number below   Other: \_\_\_\_\_**

Please initial by the item(s) you would like sent:

\_\_\_\_ All medical records      \_\_\_\_ Specific Chart notes      \_\_\_\_ LABS/IMAGING  
\_\_\_\_ Operative reports      \_\_\_\_ Procedure notes      \_\_\_\_ Other/Specific dates

ADDITIONAL INFORMATION REGARDING YOUR REQUEST: (PLEASE USE THE LINES BELOW)

\_\_\_\_\_  
\_\_\_\_\_

The following categories of information may be included in your medical record Abortion, Genetic Testing, Alcohol/Drug Abuse, HIV/AIDS Results/Treatment, Behavioral Health, Rape/Sexual Assault, Domestic Violence, Sexually Transmitted Diseases and other sensitive information you may have disclosed. I acknowledge that there may be a Medical records handling fee required prior to processing this medical records request. You will be notified by Pacific Endometriosis staff if any fees apply.

**REVIEW AND SIGNATURE**

By signing this page, I acknowledge that I have read and agreed to the terms on this form.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_:\_\_\_\_ am/pm  
**Signature of patient** or person authorized to give authorization      **Date**      **Time**

**If signed by person other than patient, provide reason, relationship & description of authority**

\_\_\_\_\_