

Simi Medical Group, Inc.

2755 Alamo St., #101 . Simi Valley . CA 93065
Tel: 805-210-7280 . Fax: 805-210-7289

William A. Lee, MD
Richard M. Shaw, MD
Harry Drummond, MD
Nazaneen Cauthron, PA-c

Medical Information Release Authorizations

Patient Authorization for use and Disclosure of Protected Health Information. By signing, I authorize the following provider to release my medical information.

Requesting Records From:

Sending Records To:

Simi Medical Group, Inc
2755 Alamo St, #101
Simi Valley, CA 93065

- | | |
|---|---|
| <input type="checkbox"/> Labs | <input type="checkbox"/> Radiology Report |
| <input type="checkbox"/> Vaccine Record | <input type="checkbox"/> Last Consult Note(s) |
| <input type="checkbox"/> Emergency Room Visit | <input type="checkbox"/> Urgent Care Note |
| <input type="checkbox"/> All Medical Records | |

By signing, I authorize my Doctor(s) Office to Request my Psychiatry/Mental Health records.

Patient(s) Legal Guardian(s) Signature:

I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and disclosure of my health information. By my signature below, I hereby, knowingly and voluntarily, authorize Simi Medical Group to use or disclose my health information in the manner described above.

Patient's Name:

Patient's Date of Birth:

Today's Date:

Expiration Date of Form:

Signature:

Relationship To Patient:
