

# 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  
Mineh Moosakhanian, FNP

## 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:

---