Optimized Wellness Center

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

PRACTICE MEMBER NAME: _____ DATE:_____/_____/_____

I HEREBY REQUEST THAT MY MEDICAL RECORDS BE RELEASED TO:

☐ To ☐ From	☐ To ☐ From	☐ To ☐ From
Dr. Tim Heath, DC	Name:_____	Name:_____
Optimized Wellness Center	Entity:_____	Entity:_____
2381 Mariner Sq. Dr. #170	Address:_____	Address:_____
Alameda, CA 94501	_____	_____
info@OWCAlameda.com	email:_____	email:_____
(510)497-4424 (O)	Phone:_____	Phone:_____
(510)775-0642 (F)	Fax:_____	Fax:_____

I ASK THAT MY RECORDS BE: ☐ Hand Carried ☐ Mailed ☐ Faxed

TO FURNISH all requested medical information to the person or entity named above.

If I have been tested, treated, or diagnosed in connection with any sexually transmitted disease, drug or alcohol abuse, and/or mental illness, you are specifically authorized to release to the person or entity names above all information or medical records relating to such diagnosis, testing, or treatment unless specifically excluded below. The information disclosed pursuant to this authorization, except that protected by Federal and/or State regulations, may be subject to re-disclosure by the recipient and no longer protected by federal and/or state regulations.

I understand that am voluntarily requesting, have the right to refuse or revoke at any time this request for release of records. The doctor from whom I request records cannot limit or control the subsequent use or dissemination of medical information by the party to whom I request the information be furnished. I hereby release the doctor from whom this request is made and his staff from all legal responsibility that may arise from the release of the medical information hereby authorized.

SPECIFICALLY INCLUDE:

COMPLETE MEDICAL RECORDS	(___)
NOTES	(___)
X-RAYS/MRI//IMAGING	(___)
LAB RESULTS	(___)
DIAGNOSTIC EVALUATIONS	(___)
OTHER_____	(___)

PRACTICE MEMBER SIGNATURE_____

DATE OF BIRTH: _____/____/_____ SOCIAL SECURITY #: _____-_____-_____

IF PATIENT IS A MINOR (under 14 years of age), PARENT OR LEGAL GUARDIAN SIGNATURE BELOW:
Print name _____Signature _____