Danielle E. Weiss, MD

Center for Hormonal Health and Well-Being

477 N. El Camino Real, Ste. D200, Encinitas, CA 92024
9850 Genesee Ave., Ste. 640, La Jolla, CA 92037
(760) 753-3636 (760) 465-2332 (Fax)
www.centerforhormonalhealth.com

Request For Release of Protected Health Information

AUTHORIZATION: I authorize the release of information pertaining to medical history, mental health, physical condition, services rendered or treatment as described below for;

NAME OF PATIENT: _____ DATE OF BIRTH _____

SOCIAL SECURITY #: _____ TELEPHONE # _____

Release From (RECORD HOLDER): _____

_____
Street Address City State Zip

RECORDS MAY BE RELEASED TO: Center for Hormonal Health and Well-Being

477 N. El Camino Real Ste. D200 Encinitas CA 92024
Street Address City State Zip

(760) 753-ENDO (3636) (760) 465- 2332
Phone # Fax#

DATE(S) OF SERVICE: _____
From To

LOCATION OF TREATMENT: ☐ Inpatient ☐ Emergency ☐ Outpatient

TYPE OF INFORMATION: This authorization is limited to the following medical record type of information:

☐ Discharge Summary
☐ History/Physical Exam
☐ Consultation Reports
☐ Operative/Procedure Reports
☐ Emergency Department Reports
☐ Progress Notes
☐ Laboratory Tests
☐ X-ray Reports
☐ Photographs/Digital or other imaging
☐ Other (please specify):_____

SPECIAL CATEGORIES OF INFORMATION: You must specifically authorize the disclosure of the following types of information, check all that apply:
☐ HIV (human immunodeficiency virus) test results ☐ Psychiatric Records ☐ Alcohol and/or drug abuse treatment

USE OF INFORMATION: The requestor may use the medical records and type of information authorized only for the following purposes: ☐ Continuing Care ☐ Second Opinion ☐ Personal ☐ Insurance Claim ☐ Other (Please Specify)

PRINTED NAME: _____ **DATE:** _____

SIGNATURE: _____

If signed by other than patient, indicate relationship:_____

Witness:_____