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Authorization to Release Medical Information

This document authorizes RecordSourceMD to review, inspect, copy, and deliver medical records and information regarding the following patient

Which Doctor's Records are you requesting: _____
 Patient Name: _____
 Date of Birth: _____ / _____ / _____
 SSN: _____ - _____ - _____
 Address: _____
 City, State, Zip: _____, _____ - _____
 Contact Phone: _____
 Email Address: _____

*Records Delivery Address Deliver to: _____ Phone: _____
 (If different than above) Address: _____
 City, State, Zip: _____, _____ - _____

Please release any and all medical records included but not limited to:

Medical Records
 Billing
 X-Rays

For the period From: _____ / _____ / _____ To: _____ / _____ / _____

Please remit payment with this authorization by mail to the above address. Or contact fulfillment department at 310-547-5880 to pay by Credit Card.
Records WILL NOT be released until both payment and a signed authorization are received.
\$30 fee for records on CD-Rom; Plus \$5 shipping handling. Additional .25cents per page for hardcopy.

- I understand that I have the right to:
1. Receive a valid copy of this authorization.
 2. Refuse to sign this authorization and that doing so will NOT affect the manner in which I receive treatment, enrollment in my health plan, and eligibility for benefits or payment.
 3. Restrict what information is disclosed by this authorization
 4. Inspect a copy of the information that is disclosed by this authorization
 5. Any information that is used or distributed due to this authorization
 6. Revoke this authorization by sending a written notice to the custodian of records and that revocation will not affect the custodian's prior reliance on this authorization.

I understand that the information disclosed in this authorization can potentially be re-disclosed to additional parties and no longer protected for reasons beyond our control.

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| <p>Signed: _____ Date: _____ / _____ / _____</p> <p>\$30 patient fee: All charts mailed on CD-Rom or electronic download \$5 shipping and handling.</p> <p>For Hard Copy, check here <input type="checkbox"/></p> <p>(Additional .25 cents per page for hardcopy)</p> <p>Unless otherwise revoked, this authorization expires on: _____ / _____ / _____ (if no date is indicated, this authorization will expire one year from the date this authorization is signed). Photocopies of this authorization are considered valid as the signed original.</p> <p style="text-align: center;">*Records will be mailed on a CD*</p> | <p style="text-align: center;">Credit Card Payment:</p> <p>Type : Visa Master Amex</p> <p>Credit Card Number: _____ - _____ - _____</p> <p>Expiration Date: _____ / _____ / _____.</p> <p>CVV Code: _____</p> <p style="text-align: center;"><i>(3 or 4 digits on the back of the card)</i></p> |
|--|---|