



Kitty Wilde RN Case Manager

HIPAA RELEASE FOR MEDICAL RECORDS

Authorization for Release of Medical Records for review, release, and discussion of my case with: Kitty Wilde RN Case Manager

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

Date of Birth: _____

Social Security Number: _____

I authorize disclosure of my protected health information as follows:

I authorize all Medical records for all services including: History and Physical Exam; Progress Notes; Laboratory Tests; Physician notes and orders; X-Ray reports and films; Inpatient admissions, ER Admissions, Mental Health Records, Physical Therapy, and Insurance and Billing information.

The purpose of this release of information is for: Further Medical Care

Release of Information is to:

Kitty Wilde RN Case Manager Patient Care Coordinator

www.Patient-Advocate.com

791 Price Street # 500 Pismo Beach, CA 93449

Phone: 805-452-3225 Fax: 805-773-6154

Patient Signature: _____ **Date:** _____