



15151 NATIONAL AVENUE - LOS GATOS, CALIFORNIA 95032  
Phone: (408) 356-0431 - FAX: (408) 356-8569  
[www.lowmg.com](http://www.lowmg.com)

Dear Patient:

A request for copying your medical records has been received. The charge for copying medical records is 25 cents per page plus a fee for clerical charges and postage. The clerical fee is based on the amount of time spent copying the chart and postage. Charges are based on time at approximately \$24/hour plus postage with a minimum of 15 minutes.

With your signed authorization, your medical records will be copied. After your records have been copied and payment received, we will mail your records to you at the address you request. You may FAX your request to 408 358-1602 or send it addressed to the business office at the above address.

Please indicate how you would like to arrange receiving your records:

\_\_\_\_\_ Call me with the charge and I will bring a check to the office and pick up the records.

\_\_\_\_\_ Call me with the charge and I will send a check. Mail the records to the address listed on the release form.

\_\_\_\_\_ Charge my credit card and send the records to the address listed on the release form.

If you would like us to charge your credit card for these charges and mail out your records, please complete the following: Check one: ( ) MasterCard ( ) Visa ( ) American Express

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security code

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Cardholder's Billing Address

**You must fill out a record release form or send a separate release with the following information:**

1. Your current name, previous name, date of birth and social security number
2. Where you would like the medical records sent
3. Dates of treatment: two years are copied unless otherwise stated
4. Any specific information that you want copied
5. Your signature with today's date
6. Your phone number

If you have any questions, please contact the medical records department at (408) 356-0431, extension 255. Your request for copying your records will be completed as soon as possible.

Thank you,  
The Los Olivos Women's Medical Group

Email: \_\_\_\_\_

PatientName \_\_\_\_\_

Acct. No. \_\_\_\_\_

Former Name  
(if any) \_\_\_\_\_

SS Number \_\_\_\_\_

Daytime phone \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell phone \_\_\_\_\_

# AUTHORIZATION TO RELEASE PATIENT MEDICAL INFORMATION

I hereby authorize Los Olivos to release the following medical information to:

Name \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

## TYPE OF INFORMATION TO BE RELEASED:

### 1. GENERAL RELEASE:

\_\_\_\_\_ Medical Records (Excluding Protected Records - see #2) If different than the  
(this will be limited to the most recent 2 yrs. of information last 2 years:  
including pap smear, lab reports and mammogram unless otherwise stated) From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Lab/Pap smear Results (specify) \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ X-ray Reports/ Mammogram (specify) \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Operative report/Pathology report (specify) \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Other Records (specify) \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

### 2. INFORMATION PROTECTED BY STATE/FEDERAL LAW:

\_\_\_\_\_ Drug Abuse Diagnosis/Treatment\* From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Alcoholism Diagnosis/Treatment\* From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Mental Health Diagnosis/Treatment\*\* From \_\_\_\_\_ to \_\_\_\_\_  
(may include treatment in Pain Management  
and Center for Women's Health of Psychiatry)

\_\_\_\_\_ Sexually Transmitted Disease Diagnosis/Treatment or Counseling\*\*\* From \_\_\_\_\_ to \_\_\_\_\_  
(includes AIDS/HIV)

Authorization Valid for 90 days only and may be revoked in writing at any time prior to 90 days by notifying the records dept.  
(To be valid Authorization must be signed and dated. See below for further information.)

\_\_\_\_\_  
Date Signature of Patient /Legally Responsible Party Relationship to Patient if not Patient

#### \*DRUG AND ALCOHOL ABUSE TREATMENT INFORMATION:

Federal regulations (42CFR part 2) prohibit any further disclosure of this information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose.

This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it.

The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient. Federal regulations state that any person who violates any provision of the law shall be fined not more than \$500 in the case of a first offense and not more than \$5,000 in the case of each subsequent offense. (See 42 U.S.C., 290dd-3 and 42 U.S.C., 290ee-3)

#### \*\*MENTAL ILLNESS INFORMATION:

State law prohibits any further disclosure of mental illness information without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains unless otherwise permitted by State Law. A general authorization to release information is NOT sufficient for this purpose.

(SEE RCW 71.05.390 through RCW 71.05.410.)

#### \*\*\*SEXUALLY TRANSMITTED DISEASE INFORMATION: (Includes HIV/AIDS)

State law prohibits any further disclosure of this information without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose. Any violation of this law is a gross misdemeanor, and the law creates civil remedies for any violation which includes a \$1,000 fine for a negligent violation, a \$2,000 fine for an intentional or reckless violation of actual damages, whichever is greater, and attorney fees. (see RCW 70.24 and WAC 248-100.)