



**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

To: \_\_\_\_\_

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

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN#: \_\_\_\_\_ ID#: \_\_\_\_\_

I, \_\_\_\_\_ request the following information:

X-rays    History    Records    Diagnosis    Treatment    Reports    Billings

Concerning my:    Accident    Injury    Illness    Other \_\_\_\_\_

To be released to:    701 Howe Avenue, Suite C5    2485 Sunrise Blvd. Suite A  
Sacramento, CA 95825   Rancho Cordova, CA 95670  
Phone: (916) 972-1100   Phone: (916) 281-2251  
Fax: (916) 972-1615   Fax# (916) 281-2252

5255 Elkhorn Blvd.    2469 Rio Linda Blvd., Suite A  
Sacramento, CA 95842   Sacramento, CA 95815  
Phone: (916) 334-1100   Phone: (916) 468-1100  
Fax: (916) 334-1105   Fax: (916) 333-3193

For the purpose of: \_\_\_\_\_

According to Section 123.110 of The California Health & Safety Code, these records/films must be provided within 15 days of your receipt of this notice.

Signed: \_\_\_\_\_

Patient    Spouse    Parent    Guardian

**PROTECTED HEALTH INFORMATION**

The medical information in this AUTHORIZATION is confidential and protected by both State and Federal Law. It is unlawful for unauthorized persons to review, copy, disclose, or disseminate confidential medical information. If the reader of this warning is not the intended recipient of the intended recipient's agent, you are hereby notified that you have received this AUTHORIZATION in error, please notify us immediately at (916) 972-1100 and either destroy these documents or return the originals by mail. Thank you!

**AllMed Medical Howe**  
701 Howe Ave, Suite C  
Sacramento, CA 95825  
Phone: (916) 972-1100  
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**AllMed Medical Elkhorn**  
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**AllMed Medical Sunrise**  
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