



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
Sacramento, CA 95825
Phone: (916) 972-1100
Fax: (916) 800-7540

2485 Sunrise Blvd. Suite A
Rancho Cordova, CA 95670
Phone: (916) 281-2251
Fax# (916) 800-7540

5255 Elkhorn Blvd.
Sacramento, CA 95842
Phone: (916) 334-1100
Fax: (916) 800-7540

2469 Rio Linda Blvd., Suite A
Sacramento, CA 95815
Phone: (916) 468-1100
Fax: (916) 800-7540

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 Howe
701 Howe Ave, Suite C
Sacramento, CA 95825
Phone: (916) 972-1100
Fax: (916) 800-7540

Allmed Elkhorn
5255 Elkhorn Blvd
Sacramento, CA 95842
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Allmed Sunrise
2485 Sunrise Blvd Suite A
Rancho Cordova, CA 95670
Phone: (916) 281-2251
Fax: (916) 800-7540

Allmed Rio Linda
2469 Rio Linda Blvd
Sacramento, CA 95815
Phone: (916) 468-1100
Fax: (916) 800-7540

Allmed Fair Oaks
6600 Mercy Court, Suite 260
Fair Oaks, CA 95628
Phone: (916) 545-6001
Fax: (916) 800-7540

Allmed Roseville
729 Sunrise Ave, Suite 607
Roseville, CA 95661
Phone: (916) 755-0035
Fax: (916) 800-7540