



## Medical Records Release

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*Please read this form in full before completing it. This release is in 14-point font per Cal Civ Code §56.11. **Bold fields** are mandatory and incomplete forms cannot be processed.*

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

I hereby authorize Coastal Cardiology to:

**Release To** (Who Needs Records) or  **Request From** (Who Has Records)

**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Purpose for Release:**  Continuing Care Appointment on \_\_\_\_\_  
 Insurance/Attorney  Personal Use  Other: \_\_\_\_\_

### The following information is to be disclosed (dates are required):

Last 2 progress notes, labs, cardiac/pulmonary testing including EKGs (within 2 years)  
 Consult/Progress Note: \_\_\_\_\_  Event Recorder/Holter: \_\_\_\_\_  
 Echo: \_\_\_\_\_  ECG: \_\_\_\_\_  
 Hospital Reports: \_\_\_\_\_  Lab: \_\_\_\_\_  
 Stress Test: \_\_\_\_\_  Other: \_\_\_\_\_

I understand that:

- Digital records may be sent via disk, thumb drive or secure email to \_\_\_\_\_.
- Records may include documentation of psychiatric conditions, drug/alcohol abuse, or communicable disease.  Check to request the exclusion of confidential information.
- My right to healthcare treatment is not conditioned on this authorization.
- I may revoke this authorization at any time by submitting a written request, but revocation will not apply to the information that has already been released.
- If the person or entity receiving this information is not covered by federal privacy regulations, this information will no longer be protected and may be re-disclosed.
- This authorization expires one (1) year after it is signed.
- There may be a charge for requesting medical records (*see reverse for details*).
- A copy of this authorization is as valid as the original. I have a right to a copy.



**Patient/Representative's Signature**

**Date**

**➡ If you are not the patient, documentation of your signatory authority is needed.**

**Print your name** \_\_\_\_\_ **and indicate your relationship:**

Parent/Guardian  Beneficiary/Conservator/Representative  Other: \_\_\_\_\_

INTERNAL USE ONLY: Received by \_\_\_\_  Patient Picking Up \_\_\_\_  Mail to Patient  Given to Patient

**Guidelines for Patient Access to Medical Records**

Section 123100-123149.5 of the California Health and Safety Code provides that any adult, any minor patient authorized by law to consent to the treatment to which the record pertains, or any patient’s representatives is entitled to inspect the patient record or obtain copies.

1. The Medical Record Department will be responsible for responding to *all* requests for patient access.
2. The Medical Record personnel will not attempt to explain or interpret anything in the record.
3. Request must be in writing, must provide sufficient information to identify the patient, and include appropriate payment.
4. Copies will be completed within ten (10) business days of receipt of a valid written request. The request must specify the desired records.
5. Inspection may be carried out by appointment during business hours (9:00am-4:00pm) Monday through Friday, except holidays.
6. Inspection will be carried out under the direct visual supervision of the Medical Records Supervisor.
7. Reasonable efforts to establish the identity of the patient or the patient’s representative will be made prior to inspection. Persons requesting access as guardians or conservators *must* present documentation to prove their authority.
8. One individual may accompany the patient or representative during the inspection.
9. Records will only be made available for inspection by the patient or patient’s representative within five (5) working days of receipt of a written request.
10. Summary option may be exercised upon the discretion of the physician.

11. Fee Schedule:

Clerical	\$16.00 (\$4.00 per ¼ hour)
Inspection	\$ 5.00
Reproduction Per Page	\$ .25
Study Images or Electronic Format	\$25.00
Postage	Actual Cost

*All medical records sent directly to another physician or medical facility are a professional courtesy.*