



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.