Marin Pediatric Associates, Inc., a UCSF affiliated practice

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1100 South Eliseo Dr. Ste 106
Greenbrae, CA 94904
(415) 461-8828
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AUTHORIZATION TO RELEASE MEDICAL INFORMATION to MPA*

I hereby authorize:

Name:	Phone: ( )
Address:	Fax: ( )
City, Sate, Zip:	

To provide medical information to:

Marin Pediatric Associates
1100 South Eliseo Dr. Ste. 106
Greenbrae, CA 94904
Phone: 415-461-8828   Fax: 415-461-3772

Attn:
- ❑ Dr. J. Meill
- ❑ Dr. K. Ornstein
- ❑ Dr. N. Schwartzman
- ❑ Dr. A. Stenback
- ❑ Dr. S. Palfy

Records pertaining to:
Patient's Name:_______________________________________**DOB:**________________
Dates of Treatment:________________________**MedRecord#**______________________

Data Requested: (Please ***initial*** appropriate choices. X or ✓ are ***not*** acceptable.)

_______ Portions of Medical record necessary for ongoing care, including shot records, X-ray reports, lab reports, consultations
_______ Mental Health information
_______ Drug/Alcohol information
_______ HIV test results
_______ Genetic records
_______ Developmental/Learning disorders
_______ Other (Specify):____

For the **Purpose** of: ❑ ongoing healthcare ❑ other:____________________________________
Permission to fax and/or send electronically: ❑ Yes ❑ No
All faxed material will contain a confidentiality statement: however, I understand confidentiality at the receiving end cannot always be assured.

Duration: This authorization is effective for 1 year from the date of signature, or expires on:_______________________(date)

Revocation: This authorization may be revoked at any time, except to the extent that action has been taken on this authorization.

Redisclosure: I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Signature: Patient (if ≥ 18 yr), Parent, Legal Guardian, Representative   Relationship to Patient   date

*PLEASE CONTACT YOUR PREVIOUS MEDICAL OFFICE TO DETERMINE IF THERE ARE CHARGES ASSOCIATE WITH THIS REQUEST   Revised 7/18