Santa Barbara Doctor

Barbara A. Hrach, M.D., FACP
Virginia Pagenkopf F.N.P
Internal Medicine
229 W. Pueblo St. Santa Barbara, CA 93105
(805) 898-0500
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Medical Records Release TO Our Facility

Date of Birth
/ /

Patient Name: ______________________________________

Please release my medical records to (circle your doctor):

Dr. Barbara Hrach, MD ***Internal Medicine***
229 W. Pueblo St, Santa Barbara CA 93105
Phone: (805) 898-0500 Fax: (805) 898-0501

Virginia Pagenkopf F.N.P
229 W. Pueblo St, Santa Barbara CA 93105
Phone: (805) 898-0500 Fax: (805) 898-0501

Information to be disclosed: This authorization permits the provider to disclose the following medical records (check one of the following):

__All of my health information that the provider has in his or her possession, including information relating to any medical history, mental or physical condition and any treatment received by me, including, without limitation, x-rays, HIV/AIDS status, genetic testing, psychotherapy notes and other mental health information, drug, alcohol or other controlled substance information, correspondence, and records from my other health care providers that the above-named health care provider may hold.

__All of my health information described except for the following:

__Only the following records or types of health information:
If medical records are over 10 pages long, please mail
Patient accepts responsibility for payment of copying services

FROM whom I am requesting my records be released:

Name: ______________________________________
Address: ______________________________________
Phone: (______)_______-_____________________
Fax: (______)_______-______________________

Patient Signature: ______________________________________ **Date:** ______/______/_______