



Eric G. Levy Medical Corporation

Family Medicine

Phone (805) 922-2119 Fax (805) 349-8283

### Medical Records Release Authorization

\_\_\_\_\_  
*Date*

I am requesting that copies of my Protected Health Information (PHI) be released to:

Your **Formal Health Record (FHR)** can be picked up from our office or mailed. Depending on the size of the records requested, they can also be faxed, or emailed through a secure message. Eric G. Levy Medical Corporation will release the last two years of your Formal Health Record as standard practice. If you require additional years, please explain below.

Initial All that you agree to release.

\_\_\_\_\_ I request the last two years of my FHR.

\_\_\_\_\_ I request **more** than the last two years of my FHR. Please indicate the years: \_\_\_\_\_

\_\_\_\_\_  
*Patient Signature or Legal Guardian*

\_\_\_\_\_  
*Relationship to Patient*

\_\_\_\_\_  
*Patient Name*

\_\_\_\_\_  
*Patient Date of Birth*

\_\_\_\_\_  
*Contact Telephone Number*

\_\_\_\_\_  
*Contact Fax Number*

\_\_\_\_\_  
*Reason for Request (not required)*

\_\_\_\_\_  
*Contact Email Address*

**\*Please note it can take up to 3 weeks for records to be processed.**

**\*The following statements are required by law:**

Information released pursuant to this authorization is subject to redisclosure by the recipient and therefore the protection of this information cannot be guaranteed by this facility.

You may revoke this authorization at any time, except when information has already been released pursuant to this authorization.

This authorization only permits Eric G. Levy Medical Corporation to release ONE copied set of the desired portion of your FHR. Additional copies, even to the same recipient, will require a new authorization.

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[www.ericlevymd.com](http://www.ericlevymd.com)

