

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION – SCOI**

MRN: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Patient Label)

<p><b>Patient Information</b></p>	<p>Patient Name: _____ MRN: _____                  Address: _____                  City, State &amp; Zip Code: _____                  Date of Birth (MMDDYYYY): _____ Phone: (____) _____</p>
<p><b>Specify Healthcare Facility</b></p>	<p> <input type="checkbox"/> 5201 Truxtun Avenue, Bakersfield, CA 93309  <input type="checkbox"/> 436 North Bedford Drive, Suite 202, Beverly Hills, CA 90210  <input type="checkbox"/> Porter Ranch, 19950 Rinaldi Street, Suite 100, Northridge, CA 91326  <input type="checkbox"/> 2655 1st Street, Suite 300, Simi Valley, CA 93065  <input type="checkbox"/> 30870 Russell Ranch Road, Suite 330, Westlake Village, California 91362  <input type="checkbox"/> 24051 Newhall Ranch Road, Building C, Valencia, CA 91354  <input type="checkbox"/> 6815 Noble Avenue, Van Nuys, CA 91405                 </p>
<p><b>Release Records to</b> <i>Where do you want records sent?</i></p> <p><i>Who do you want to receive records?</i></p>	<p>I authorize <b>Southern California Orthopedic Institute</b> to release PHI to:                  Name of Hospital/Clinic/Person: _____                  Address: _____                  City, State &amp; Zip Code: _____                  Phone: (____) _____ FAX: (____) _____                  E-Mail Address: _____</p> <p>If you would like a designee* to pick up your records, please fill out section below:                  I authorize _____ to pick up my medical record copies.                  Relationship to patient: _____</p> <p><b>*Note: Designee must provide valid photo ID</b></p>
<p><b>Delivery Instructions</b> <i>(please select <u>one</u>)</i></p>	<p> <input type="checkbox"/> CD <span style="float: right;"><input type="checkbox"/> Paper Copy</span>  <input type="checkbox"/> Call Requestor when records are ready for pick up  <b>Note:</b> If left blank, a CD will be provided.                 </p>
<p><b>Purpose</b> <i>What is the purpose of this release?</i></p>	<p> <input type="checkbox"/> At the request of the patient/patient representative  <input type="checkbox"/> Other (state reason)                  _____             </p>



