

Authorization for
Release of Health Information

**Mail completed form, payment, and a
copy of a Government Issued Photo ID**

to:

Off-Site Records Management
1959 Monterey Road
San Jose, CA 95112

Please complete form and send back with your payment/copy of a Government Issued ID.

(initials) ____ I understand that an electronic copy of my records will be burned onto a CD, DVD or flash drive and mailed to the person or physician that I have designated below. I understand and agree that Dr. Goodson and Off-Site Records Management are not liable to me or to any third party for any loss, damage, or release of any file or files once the records have been transferred to USPS.

(initials) ____ I understand that my records are in storage at Off-Site Records Management. The copy service fee is **\$50.00** for the first copy. Additional copies are **\$15.00** each if mailed to the same address or **\$25.00** each if mailed to a different address.

(initials) ____ I authorize the release of ALL my medical information including the following categories of protected information: (1) HIV/AIDS test results; (2) mental health records; (3) substance use/drug abuse records; and (4) genetic testing results.

(initials) ____ I understand that this authorization to release health information is voluntary and treatment and payment cannot be conditioned on signing. I am entitled to receive a copy of this authorization.

(initials) ____ I understand that this authorization will become effective immediately and shall remain in effect for one (1) year from the date signed. I may revoke this authorization at any time. The revocation must be in writing, signed by me and mailed to Off-Site Records Management at the address below. The revocation is effective upon receipt but does not impact any records releases made while the authorization was valid.

It is my responsibility to mail a check directly to Off-Site Records Management at the address listed below. I understand that my request will not be processed until Off-Site Records Management receives payment, this initialed/signed form and a copy of a Government Issued Photo ID for verification purposes.

. Make your check payable to Off-Site Records Management.

Mail your payment to:
Off-Site Records Management
1959 Monterey Road
San Jose, CA 95112
(408) 971-4200

Please write below address to send CD/DVD/Flash Drive to:

Patient Name (print)

Date

Signature

Phone No.