

Seton Medical Center
1850 Sullivan Ave, Suite 300
Daly City, CA 94015
Phone 650-991-1122
Fax 415-744-1199

Melinda L. Aquino MD
Board Certified Vascular Surgeon
www.sfveincenter.com

St Mary's Medical Center
2250 Hayes Street Ste 612
San Francisco, CA 94117
Phone 415-752-1122
Fax 415-744-1199

Patient Authorization for Release of Health Information

Request to: _____

PATIENT INFORMATION:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

RELEASE MEDICAL RECORDS TO:

- Melinda L Aquino MD
1850 Sullivan Ave, Suite 300
Daly City, CA 94015
FAX 415-744-1199
- Other:

INFORMATION TO RELEASE:

- All pertinent medical records
 Other:

MY RIGHTS

I understand I do not have to sign this authorization in order to receive health care benefits (treatment, payment, or enrollment). I do not have to sign this in order to be treated by Dr. Aquino

The information used is for the purpose of transmitting medically necessary information to improve the care given, and to protect the patient from harmful or unnecessary procedures or tests.

I may revoke this authorization in writing. Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

AUTHORIZATION

Patient Name: _____

Patient Signature: _____ (Or legally authorized representative)

(Relationship to patient)

Date: _____