

Santa Barbara Doctor
Barbara A. Hrach, M.D., FACP
Karina Garcia, M.D.

Internal Medicine

229 W. Pueblo St. Santa Barbara, CA 93105
(805) 898-0500

www.santabarbaradoctor.net

Medical Records Release TO Our Facility

Patient Name: _____

Date of Birth

/ /

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

Dr. Karina Garcia, MD *Internal Medicine*
229 W. Pueblo St, Santa Barbara CA 93105
Phone: (805) 898-0500 Fax: (805) 617-0904

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:** ____/____/____