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RELEASE OF MEDICAL RECORDS REQUEST

This authorization must be written, dated and signed by the patient or by a person authorized by law to give authorization. It is valid until revoked in writing. Records are requested for continuity of care. Equinox Naturopathic Medicine does not offer reimbursement for records received.

Patient Name (Please Print): _____ Date of Birth: ___/___/___

(Address) _____ (Phone) _____

Physician and Clinic: _____

(Address) _____ (Phone) _____

***** Please release the following information: *****

By checking the spaces below, I authorize the above physician/clinic/hospital to release written records pertaining to the following information. I also authorize the above physician/clinic/hospital to provide the following information via telephone consultation:

___ All Medical Records Necessary for the Continuity of Care ___ All Records since (specify date) ___
___ Labs and Diagnostic Imaging Only ___ Labs and Diagnostic Imaging since (specify date) ___
___ Other _____

Patient Signature: _____ Date: ___/___/___

Parent/Guardian Signature (if applicable): _____ Date: ___/___/___

***** Confidential Information *****

I understand that certain information in these records cannot be released without specific authorization because of federal or state laws. By signing the spaces below, I specifically authorize the release of the following confidential information to Equinox Naturopathic Medicine. I also authorize the above physician/clinic/hospital to provide the following information via telephone consultation:

_____ HIV/AIDS test results and related information, including high risk
Patient Signature behavior documentation.

_____ Drug/Alcohol diagnosis, treatment, or referral information
Patient Signature

_____ Mental Health information
Patient Signature

Federal Regulation, 42 CFR Part 2, requires a description of how much and what kind of the above confidential information is to be disclosed. Please provide a description of this information: _____

***** Please mail or fax as soon as possible to: *****

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