RSVP

Joseph Rose, MD
Janine Senior,MD
Madhavi Vemulapalli, MD
Lauren Lockwood, CNM

112 La Casa Via #300 | Walnut Creek, CA 94598
Phone: 925-239-0012 | Fax: 925-239-0011 | RSVPobgyn.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: Date of Birth:

Previous Name: Social Security #:

Name:

I request and authorize RSVP to release healthcare information of the patient named above to:

Address:

Tel # & Fax #:

This request and authorization applies to:

○ Healthcare information relating to the following treatment, condition, or dates

◉ All healthcare information ○ Other

○ Yes ○ No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

○ Yes ○ No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date signed: _____