



West Horizon Medical Center

395 N. Silverbell Rd, Suite 245 Tucson AZ 85745

Tel: (520) 622-7675 Fax: (520) 628-1024

Authorization to Release Medical Information

I hereby authorize

Surekha Bandlamuri, MD
West Horizon Medical Center
395 N. Silverbell Rd, Suite 245
Tucson, AZ 85745

We send medical records
in electronic format
(CD/DVD) as we use
eClinicalWorks EMR

to divulge and release all information concerning my medical history and examinations to:

Name _____
Address _____
Telephone _____
Fax _____

In addition to the general authorization to release medical records, I further authorize release of the following information if it is contained in my medical record: (please initial each line)

	May be Released	May not be Released
Drug and Alcohol Abuse	_____	_____
Mental Health	_____	_____
Diagnosis / Treatment of HIV, HIV-related illness, AIDS, AIDS-related illness and communicable disease related information	_____	_____

Purpose of Disclosure / Reason for Request _____

Treatment Dates or Range of Dates or Services to be Released From _____ To _____

To be filled by Patient or Responsible Party

Patient Signature

Date

Patient Print Name

Date of Birth