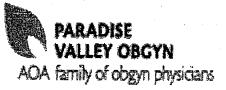
Robert Newman, M.D. Janice Donnelly, M.D. Margaret Gossett, N.P.



Chelsea Crum, M.D. Mary Deka, M.D. Laura Angeleri, N.P.

10261 N 92<sup>nd</sup> St Scottsdale, AZ 85258 Phone 480-443-4437 Fax 480-443-4525

## **AUTHORIZATION TO RELEASE RECORDS**

NAMEADDRESS
ADDRESS
DATE OF BIRTH
SS#
REASON FOR RELEASE OF RECORDS
I,AUTHORIZE DR
(MAILING ADDRESS AND/OR PHONE/FAX #)
TO RELEASE PHOTOCOPIES OF THE FOLLOWING MEDICAL RECORDS TO:
(MAILING ADDRESS AND/OR PHONE/FAX #)
DO/DO NOT (CIRCLE ONE) CONSENT TO THE RESLEASE OF HIV-(AIDS), STD RELATED, ALCOHOL AND/OR DRUG ABL
REATMENT OR PSYCHIATRIC INFORMATION AS PART OF THE AUTHORIZATION.
MEDICAL RECORDS (CIRCLE ONE)
ALL MEDICAL RECORDS
OR THE FOLLOWING DESCRIBED RECORDS ONLY (SPECIFY TYPES AND DATES)
THE TOLLOWING DESCRIBED RECORDS ONE! (SPECIFI TIPES AND DATES)
ATIENT SIGNATURE
PARENT/I EGALLY ALITHORIZED REPRESENTATIVE DEL ATIONISHID TO DATIENT