



ELDER CARE RESIDENTIAL SERVICES

Kitty Wilde RN Concierge Medical Case Manager

Laurie Wylie MSW Concierge Case Manager

HIPAA RELEASE FOR MEDICAL RECORDS

Authorization for Release of Medical Records for review, release, and discussion of my case.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Date of Birth: _____

Social Security Number: _____

I authorize disclosure of my protected health information as follows:

I authorize all Medical records for all services including: History and Physical Exam; Progress Notes; Laboratory Tests; Physician notes and orders; X-Ray reports and films; Inpatient admissions, ER Admissions, Mental Health Records, Physical Therapy, and Insurance and Billing information.

The purpose of this release of information is for: **Further Medical Care**

Release of Information is to:

Laurie Wylie MSW Case Manager

Kitty Wilde RN Medical Patient Care Coordinator

Patient Signature: _____ Date: _____

791 Price Street #500 Pismo Beach, CA 93449
Kitty Wilde RN Cell: 805-452-3225 FAX 805-773-6154
Laurie Wylie MSW Cell: 805-610-9701



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