

To be completed by Burbank Urgent Care Staff.

Name (Nombre) _____

Today's Date (fecha) _____ Date of Birth (Nacimiento) _____

Directions to Patient

Step 1. Fill out this form. Why? Burbank Urgent Care needs your permission to release your records to a lawyer or attorney's office.

- o Please fax the form to (818) 953-4434 or drop it off at the front desk. Give us 2 business days to confirm receipt.

Step 2. Burbank Urgent Care will call attorney / law office to collect credit card payment.

- o Medical Records: \$50; Billing Records: \$25; CD of X-Ray Image: \$25.
- o Attorney should expect a call Monday - Friday, 10 am to 4 pm.

Step 3. Wait for Burbank Urgent Care to gather the records and deliver to the attorney. Typically takes 10 calendar days.

Authorization To Release Medical Information Consent

I, _____, authorize **Burbank Urgent Care** to release the medical records for:
Name of Patient or Guardian _____

Name of Patient (Your name or name of minor): _____

Alternative Last Name Used: _____

Date of Birth for Patient: _____

In addition, I authorize that the **following records be released** for these dates:

↳ What **record type(s)** do you want released? Check all that apply. **Dates?** Check all that apply / write dates.

	All	Specify
<input type="checkbox"/> Medical Records	<input type="checkbox"/>	_____
<input type="checkbox"/> Lab Records	<input type="checkbox"/>	_____
<input type="checkbox"/> Billing Records	<input type="checkbox"/>	_____
<input type="checkbox"/> Imaging Reports/ CD Images	<input type="checkbox"/>	_____

↳ The records should be **delivered to the recipient** as stated below:

Name of the Recipient: _____

Mailing Address of Recipient: _____

Telephone of Recipient: _____

Email of Recipient: _____ Fax of Recipient: _____

↳ What **delivery method** for:

Medical Records, Labs, and/or Billing Records? Check off 1 only

- ☐ Recipient will pick up from Burbank Urgent Care
- ☐ Fax to the recipient. Can only be done for Providers / Health Facilities and Attorney offices
- ☐ Email to the recipient

CD of X Ray Image? Check off 1 only

- ☐ Recipient will pick up from Burbank Urgent Care
- ☐ Burbank Urgent Care will mail CD / DVD Typically takes 3 to 5 business days once mailed.

Name of Patient: _____ Date & Time: _____

Signature Name: _____ Date & Time: _____

Name of Guardian: _____ Signature of Guardian: _____ Date & Time: _____