

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 Email form to ashley.reynolds@burbankurgentcare.com. Alternatively, you can fax: (818) 953-4434. 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: \$40; Billing Records: \$15; CD of X-Ray Image: \$15.
- 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"/> _____
<input type="checkbox"/> Lab Records	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Billing Records	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Imaging Reports/ CD Images	<input type="checkbox"/>	<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: \_\_\_\_\_