Pacific Fertility Center®
The ART of Conception

55 Francisco Street, Suite 500
San Francisco, CA 94133
Phone: 415-834-3000

Medical Records Release

Authorization for Use and/or Disclosure of Patient Health Information to PFC

Patient Name: _____ Patient DOB: _____/_____/_____

Partner Name: _____ Partner DOB: _____/_____/_____

Address: _____ _____ _____ _____
Address City State Zip Code

The purpose of this request is (check one or more): ☐ At the request of the patient
☐ Other (specify) _____

I / We authorize _____ to release health information to:

Pacific Fertility Center
New Patient Coordinators
55 Francisco #500, San Francisco, CA 94133
Telephone: (415) 834-3095
Fax: (415) 834-3080
Email: info@pacificfertility.com

Delivery Preference: ☐ Pickup ☐ Email (secure PDF)
☐ Mail ☐ Patient portal
☐ Fax ☐ Other (specify) _____

Please specify the health information to be released: Treatment date(s) from _____ to _____

☐ Entire medical record ☐ Billing records
☒ Fertility treatment records ☐ Other (specify) _____
☒ Lab results & ultrasounds

Specific authorization is required to release the following:

	Patient Initial	*Partner Initial*		*Patient Initial*	*Partner Initial*
Infectious disease / HIV test	_____	_____	Alcohol & drug abuse record	_____	_____
Genetic testing	_____	_____	Mental health information	_____	_____

This authorization expires _____ (date). If no date is indicated, this authorization will expire 12 months after the date of my signing this form. I have the right to receive a copy of this authorization.

Patient Name (print): _____ Signature: _____ Date: _____/_____/_____
Patient or Legal Representative

Relationship to Patient: _____ (Guardian / Parent / Legal Representative)

Partner Name (print): _____ Signature: _____ Date: _____/_____/_____
Partner

Please note:

- *You may revoke this authorization in writing at any time to Pacific Fertility Center, Attn: Medical Records, except to the extent that Pacific Fertility Center has already released the information.*
- *This authorization is voluntary and will not affect your ability to obtain treatment, insurance payment, or eligibility for benefits.*
- *Your health information that will be released could be further disclosed by the recipient. How the recipient further discloses your health information may no longer be protected by federal law.*
- *Due to the specific nature of the fertility treatment, limited elements of your medical record may appear in your partner's medical record for purposes necessary for treatment.*