



**Douglas M. Daub, MD**  
Diplomate, American Board of Family Medicine  
9460 Cuyamaca Street, Suite 104  
Santee, California 92071  
Phone (619) 569-1790  
Fax (619) 312-4335  
www.daubmd.com

<p><b>URGENT PLEASE REPLY</b></p>	<p>TO/FAX#: _____ ATTN: MEDICAL RECORDS    DATE: _____</p>
---------------------------------------	--

I hereby authorize the release and use of health information concerning:

Patient Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Record # (if applicable): \_\_\_\_\_

This health information may be disclosed BY:  
Physician/Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

This health information may be disclosed TO:  
Physician/Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Requested records/information is to include:  The Last \_\_\_ Years of Records Available  
 Specify: \_\_\_\_\_

This information is to be used only for the following purpose(s):  Ongoing Medical Care  
 Specify: \_\_\_\_\_

This may include information about drug or alcohol use, as well as psychiatric, social work, or other protected information unless specifically excluded. DaubMD, Inc. will protect all health information in accordance with our privacy policy and California and/or Federal Law.

Information will only be provided with a valid signature. This authorization will expire 90 days from the signature date. However, I can cancel this authorization in writing at any time, unless the information has already been released. I understand that my health care treatment or benefits will not be affected regardless of whether or not I sign this form, and that I have the right to request a copy of this authorization.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Parent/Guardian Signature  
(Patients < 18 without emancipated status)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

The documents accompanying this transmission may contain confidential health information that is legally protected. This information is intended only for the use of the individual or entity named above. The authorized recipient is prohibited from disclosing this information to any other party unless permitted or required to do so by law or regulation and is required to destroy the information after its stated purpose has been fulfilled. *If you are not the intended recipient,* you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and indicate that you have arranged for the return or performed destruction of these documents.