Pacific Wellness Center
975 Garnet Ave, San Diego, CA 92109
Phone: (858) 230-7770
Fax: (858) 230-7790

Consent and Authorization to Release Medical Records

Pursuant to Federal guidelines concerning my right to confidentiality,

I, _____, authorize
Patient name or Parent of minor

Dr. Joseph Moore and Pacific Wellness Center + Urgent Care

To release my medical records or information to:

Physician_____

Facility Name _____

Phone: _____ Fax:_____

On this day: _____

I understand that I may revoke this consent to release information at any time. However, I also understand that any release which has been made prior to my revocation is my responsibility, and any release which has been made after my revocation and with reliance upon this authorization shall constitute a breach of my right to confidentiality.

_____ _____
Patient or Parent Signature Print Patient Name

_____
Patient's Date of Birth