Authorization to Release Information

Titanium HEALTHCARE

Please complete this form to allow us to access your medical records and / or any information from your previous doctor's office.

Today's date | Name | Date of birth

Previous doctor's name | Previous doctor's street address | City | State | Zip code

INFORMATION TO BE RELEASED (please check the appropriate box/boxes)

- ☐ Release all my Medical Records to Titanium Healthcare
- ☐ Only release specific test results or studies (please explain): _____

- ☐ If these records should contain any information regarding discussion, care of testing for HIV, AIDS, chemical dependency, alcohol or drug use, mental illness, sexually transmitted infections or sickle cell anemia, I hereby authorize the release of this information.

Information is to be released for the purpose of: (check all that apply)

- ☐ To be obtained for my permanent office record
- ☐ Other reason (please explain): _____

Release information to:

TITANIUM CLINIC (please check box to indicate the Titanium clinic you would like to receive your medical records)

- ☐ **Titanium DTLA** 1414 South Grand Ave., Ste. 475, Los Angeles, CA 90015. Tel: 213-765-8123 / Fax: 213-336-3032
- ☐ **Titanium Garden Grove** 12566 Valley View Street, Garden Grove, CA 92845. Tel: 714-897-1071 / Fax: 714-373-4696
- ☐ **Titanium Fountain Valley** 11100 Warner Ave., Ste. 250, Fountain Valley, CA 92708. Tel: 714-557-0997 / Fax: 714-557-0998
- ☐ **Titanium Bell Gardens** 6300 Florence Ave., Bell Gardens, CA 90201. Tel: 562-928-9700 / Fax: 562-928-8300
- ☐ **Titanium West Covina** 933 South Sunset Ave., #101, West Covina, CA 91790. Tel: 626-480-0160 / Fax: 626-480-0167
- ☐ **Titanium Lakewood** 5220 Clark Avenue, Suite 125, Lakewood, CA 90712. Tel: 562-925-7401 / Fax: 562-925-8898
- ☐ **Titanium Fresno** 1191 East Herndon Ave., Ste. 103, Fresno, CA 93720. Tel: 559-432-2488 / Fax: 877-321-0162

I hereby authorize Titanium Healthcare to obtain any previous medical records from my PCP or any such other provider.

Signature of patient or parent/guardian or legal representative: | **Date**