



- Ryan Gini, MD
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PATIENT NAME: \_\_\_\_\_

D/O/B: \_\_\_\_\_

### MEDICAL RECORDS TRANSFER

THIS REQUEST RELATES TO THE FOLLOWING TYPE(S) OF MY PERSONAL MEDICAL RECORDS:

- ALL RECORDS       LAB RECORDS (DATES: \_\_\_\_\_ to \_\_\_\_\_)
- SPECIFIC TEST \_\_\_\_\_       OTHER: \_\_\_\_\_

I HEREBY REQUEST THE FOLLOWING AS IT RELATES TO MY MEDICAL RECORDS:

- RELEASE MY PERSONAL MEDICAL RECORDS TO ME
  
- TRANSFER MY PERSONAL MEDICAL RECORDS FROM THE FOLLOWING PROVIDER:  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_
  
- FORWARD MY PERSONAL MEDICAL RECORDS TO THE FOLLOWING PROVIDER:  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY COSTS, IF APPLICABLE, ASSOCIATED WITH THIS REQUEST.

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

\_\_\_\_\_  
Date Signed

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE. IT MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL OR EXEMPT FROM DISCLOSURE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THE COMMUNICATION IN ERROR IS UNLAWFUL AS GOVERNED BY APPLICABLE FEDERAL AND STATE LAWS. PLEASE NOTIFY MOUNTAIN FAMILY MEDICINE IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL AT THE ADDRESS BELOW. THANK YOU.