Takashi Yoshida, MD
2490 Hospital Drive, Suite 103
Mountain View, CA 94040
(650) 962-4640
Fax (650) 962-4641

Authorization for Release of Protected Health Information

Patient's Name: _____
First Name Last Name

Birth date: _____ Phone Number: ( ) _____
MM/DD/YY

Address : _____

City: _____ CA _____Zip Code_____

I hereby authorize: Takashi Yoshida, MD
2490 Hospital Drive #103
Mountain View, CA 94040

To release medical information to:

( ) Provider: _____
Address: _____
City: _____state_____ Zip_____

( ) Parent Name: _____
Address: _____

City: _____state_____ Zip_____

Information to be released:

( ) All Records ( ) Immunization Records ( ) Other records

_____

_____ _____
Signature patient/guardian Print Name

_____ _____
Relationship to Patient Phone Number

This authorization for Takashi Yoshida, MD, Inc., to release or information being requested of you to comply with the terms of Confidentiality of Medical Information Act, Section 56 of California Civil Code.

Office Use Only

Requested Medical Records: ( ) Mailed ( ) Picked up by _____
Date: _____ Employee Initials ___ _____