In an effort to reduce contact we are asking you send records to us via email. You can email all incoming records to ROIRequests@4securemail.com. Thank you

Request for Release of Medical Records

To: ______________________________ Name (Doctor or Medical Facility)

______________________________ Fax

______________________________ Address

______________________________ Phone

______________________________ City/State/Zip Code

______________________________ Email Address

From: Undersigned Patient

I hereby request that my medical records, without limitation, (specifically to include any AIDS tests results and/or treatment), be released to:

☐ **Family Care Centers**
Costa Mesa
660 Baker St., Suite A-101
Costa Mesa, CA 92626
Phone: 714-668-2500
Fax: 949-999-8121

Gina-Nga Nguyen, MD
Peter Kim, MD
Jared Williams, MD
Aisha Memon, MD
Alison Omel, PA-C
Amanda Hamilton PA-C

☐ **Family Care Centers**
Fountain Valley
18785 Brookhurst St. Ste. 200
Fountain Valley, CA 92708
Phone: 714-378-5330
Fax: 714-378-5320

Brian Coyne, MD
Jay Friehling, MD
Jennifer Shoquist, MD
Lincoln Tom, MD
Dana Yan, DO
Jennifer Saiki, PA-C
Ashley Peterman, PA-C

☐ **Family Care Centers**
Irvine
4950 Barranca Pkwy Ste. 103
Irvine, CA 92604
Phone: 949-552-2700
Fax: 949-999-8180

Howard Fishbein, MD
David Bunten, DO
Hye Lee, DO
Alison Omel, PA-C
Ashley Peterman, PA-C

This authorization releases my medical records for the following designated purpose:

____

Further use or disclosure of this medical information is not authorized without an additional separate release, signed by me, unless such use is specifically required or permitted by law.

I understand that I am entitled to receive a copy of this release.

______________________________ Print Patient Name   Date of Birth

______________________________ Todays Date

______________________________ Patient Signature (If Minor, Parent Signature)

______________________________ Witness Signature

Patient Email Address:______________________________

Call I.B.S at (714) 586-7431 with any records questions or concerns. Thank you