

**COASTAL ENT MEDICAL GROUP**  
**and William S. Halsey, MD, FACS**  
**9834 Genesee Ave. Ste 416**  
**La Jolla, CA 92037**  
**858-458-1287 (voice) 858-452-9160 (fax)**  
**www.coastalentgroup.com**

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Call and make appointment for Medical Record Department

Our office is required to obtain an original, complete and properly executed Authorization for Disclosure of Health Information form (see below) before we may provide a copy of a patient's records to anyone, including the patient.

**How to inspect or request a copy of your medical records:**

- Complete form below indicating dates of treatment desired and type of records needed.

**There may be a charge for providing this record.**

**If you are a patient requesting copies to be sent to you, there is a fee.**

**How will you be paying this fee?**  Cash  Check  CC Charge (see form)

**Charges will vary based on these factors:**

Purpose of request.  
Chart retrieval costs if applicable.  
Processing to include copying or scanning.  
Types of data requested including paper, digital, summary, images, movies  
Amount of data in pages or bytes  
Output format-paper, CD/DVD.  
Delivery options including email attachments, mail or pickup.  
Postage

**Timeliness:**

We may take up to 15 days to complete request.

**Fees:**

**Basic chart handling service-\$45**

Chart/record retrieval from storage-actual costs vary-about \$20

Narrative Summary and Transcription-\$75

Copy - \$50 + 0.10/page

Pictures / Images-\$50 + \$1/picture

Video-\$75/exam

Media charges-actual costs

Postage-actual costs

**AUTHORIZATION to Use and DISCLOSE HEALTH INFORMATION**

**Coastal ENT Medical Group  
and William S. Halsey, MD, FACS  
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La Jolla CA 92037  
858-458-1287 (voice) 858-452-9160 (fax)**

<b>Patient Name</b>	<b>Sex</b>	<b>DOB</b>	<b>SS#</b>
<b>Address</b>			<b>Telephone</b>
<b>If requested by Legal representative (Name and relationship):</b>			

**Purpose of the requested access or disclosure**

- Patient or Representative Request
- Legal
- Other \_\_\_\_\_

**Request for inspection, delivery and/or copying of health information**

- I will visit the office to inspect records.
- I will pick up copies requested.
- Please mail the requested items to the address above.

**Access and/or disclosure shall be limited to the following elements of my health information:**

- Billing records
- Treatment records
- Pictures /Videos
- Narrative Summary of record

**Please limit this disclosure to the following:**

- Types of information (specific condition) \_\_\_\_\_
- Dates from \_\_\_\_\_ to \_\_\_\_\_

You are asked to complete and sign this release of medical information in order to comply with the terms of the Confidentiality of Medical Information Act, Section 56 of the California Civil Code.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Circle if representative of patient; indicate relationship to patient: Parent/Guardian/Conservator  
ID verification utilized and viewed \_\_\_\_\_

This authorization will expire in ONE year unless otherwise revoked.

**Authorization to Charge Credit Card**

CHARGES	ITEMS	PROCEDURE
\$45+\$0.10/page		Copy of complete chart
\$20		Chart/record retrieval from storage
\$50+\$1/image		Copy of images
\$75/exam		Copy of video files from VHS to digital media
\$75		Narrative Summary
Actual cost		Media charges
Actual cost		Postage
		<b>TOTAL</b>

**I understand that the turnaround time is 5-7 working days.  
I also understand that Coastal ENT cannot specify final charges until work is completed.**

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
<p>I authorize <b>Coastal ENT Medical Group</b> to charge my credit card for copies of this medical record.          Estimate of amount to be charged _____          Cardholder's Name _____          Credit Card # _____          Expiration Date ____ / ____ / ____</p> <p>Cardholder's Signature _____          Date of signature ____ / ____ / ____</p>

Please return this form with your "**Authorization to Use and Disclose Health Information**"

TO  
 ATTN: Medical Records  
**Coastal ENT Medical Group**  
 9834 Genesee Ave.  
 Suite 416  
 La Jolla CA 92037