

**INSTRUCTIONS FOR COMPLETING MEDICAL RECORDS RELEASE:
PRIMARY/DENTAL CARE AND MENTAL HEALTH RECORDS**

1. Complete Section One (1), with the requested information, to include:
 - Name
 - Aliases
 - Address, City, State, Zip (if you have these)
 - Date of Birth
 - Telephone Number
 - Social Security Number (if you have one)
2. In Section Two (2), write the name, address, and fax number for who you are authorizing to **release** your health information. This section includes the medical records unit you are requesting the information from as listed in Section Seven (7) of the Medical Records Release Form.

Example: Solano County Family Health Services
Medical Records Unit
2201 Courage Drive, MS 9-100
Fairfield, CA 94533
Fax 707- 784- 1003

3. In Section Three (3), write the name, address, and fax number for who you are authorizing to **receive** your health information. This section includes who you want your records to be sent to or who is authorized to pick-up your records.
4. In Section Four (4), initial the box which indicates the reason for your records request. The options are:
 - Treatment or consultation: *(with another provider)*
 - Patient Request: *You are requesting the records for yourself.*
 - Other: *Write in a response for why you are requesting records.*
5. In Section Five (5), enter a date range for the records you are requesting using a start and end date. This section is required. If a date range is not specified, only one year of records will be provided.
6. In Section Six (6), initial the box for the type(s) of records you are requesting in the applicable column: Primary Care or Mental Health.

7. Section Seven (7), lists your patient rights as permitted by state and federal laws.
8. Section Eight (8) is a notice that Substance Abuse records are not included and are not available by this release. A separate release must be completed with Health and Social Services Substance Abuse Division to request or obtain Substance Abuse records at: 2101 Courage Drive, Suite 101, Fairfield, CA 94533.
9. A valid signature is required in Section Nine (9).
10. If the requesting individual is not the owner of the requested medical records, the person completing the form needs to indicate the relationship to the record owner by initialing next to the option that applies in Section Ten (10). Options include:
 - Parent: Legally authorized parent of a minor, excluding sensitive records belonging to of-age minors (examples: reproductive and mental health records of minors over the age of 13).
 - Legal guardian of minor: Having legal authority over the medical record of a minor.
 - Conservator/legal representative: Having legal authority over the medical record owner.
 - Other: Write in the response.
11. Section Eleven (11), is to be completed **by Medical Records Staff only**. Staff shall:
 - Approve or deny the request. If denied, state why the record was denied.
 - Write in name of staff completing the form.
 - If a clinician or medical provider is required to approve, they must sign and date on the line in this section.
 - A final signature from the approving staff is required.