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DEPARTMENT OF HEALTH & SOCIAL SERVICES



**SOLANO
COUNTY**

BEHAVIORAL HEALTH

275 Beck Avenue, MS 5-250
Fairfield, CA 94533
(707) 784-8320
Fax (707) 421-6619
Sandra Sinz, LCSW
Behavioral Health Director
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Solano County Behavioral Health
Insert Program Name, MS Insert mail stop number
Insert Address
City, CA Zip

PHONE (707) Add Program Phone #
FAX (707) Add Program Fax #

Date

Name/Office/Agency
Address
City, State, Zip

Re: Patient Name
DOB: MM/DD/YYYY

Attn: Medical Records Department,

Your patient, _____, is receiving outpatient psychiatric services through our clinic. To provide Ms./Mr. _____ with the best care possible, I am requesting copies of any pertinent medical records, specifically the results of the most recent physical examination, birth history, current medications and lab results.

Please fax these records to my attention at (707) _____ or mail to:

Clinic Name
Address
City, State, Zip

I have enclosed a signed Authorization for Release of Medical Information form. If you have any questions or would like to consult with me, please feel free to contact my office at (707) _____.

Thank you for your assistance with this request.

Sincerely,

Name, Discipline
Job Title or Classification
Solano County Mental Health

cc: MH Chart