

Gutierrez Family Medicine

Sylvia Gutierrez, M.D. / Family Medicine P.C.

6707 North 19th Avenue, Suite 104

Phoenix, AZ 85015

Office: (602) 246-9229

Facx: (602) 246-8410

Record Release Authorization Form

I hereby authorize and request:

Sylvia Gutierrez, M.D.

6707 N. 19th Ave., Ste. 104

Phoenix, AZ 85015

Phone: 602-246-9229

Fax: 602-246-8410

To release record in your possession concerning my medical treatment during the period from:

_____ to _____

And also records including confidential HIV-Related information (as defined in A.R.S. Section 36-661), confidential alcohol or drug abuse-related information (as defined in 42 CFR Section 2.1 ET SEQ), and confidential mental health diagnosis/treatment to the below address or legally authorized representative and/or patient listed below:

Patient Name: _____ DOB: _____

Address: _____

_____ City: _____ State: _____

Signature: _____ **Date:** _____

Mail/Fax to: _____
