

Coastal Neurological Medical Group, Inc.

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Dee E. Silver, M.D.

Request for Patient Access to Health Information

I hereby request access to health information for patient:

Name: _____ Date of Birth: _____

I would like access to: (specify type of records, dates of service or other information you require)

I would like this information released to: (must provide all information on receiving party)

Name: _____ Phone: _____

Address: _____

Charges

I understand that I may be charged for copies of my records, plus any additional reasonable clerical costs incurred in making the records available.

Signature: _____ Date _____

If not signed by the patient, relationship to patient:

- Parent of patient
- Guardian or conservator
- Beneficiary

**To obtain your medical records
after July 1, 2018, please contact:**

**Certified Information Management
562-949-4930
Fax 562-949-4903**