

TMS Therapeutics in San Diego, Inc.
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AUTHORIZATION TO RELEASE, OBTAIN, AND/OR EXCHANGE
CONFIDENTIAL RECORDS AND INFORMATION

Patient Name: _____ **Birth Date:** ____/____/____
(Last) (First)

Home Address: _____ **Tel:**(____) _____
(Street and Number)

(City) (State) (Zip)

I hereby authorize TMS Therapeutics In San Diego, Inc. to release, obtain &/or exchange information with:

Person/Institution: _____ **Tel:** (____) _____

Address: _____ **Fax:**(____) _____
(Street and Number)

(City) (State) (Zip)

Specific Information to be Released, Obtained, or Exchanged (Check ALL that Apply, "N/A" if Does Not Apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Date of Treatment | <input checked="" type="checkbox"/> Medical Records |
| <input checked="" type="checkbox"/> Treatment Summary | <input checked="" type="checkbox"/> Laboratory/Diagnostic Test Results |
| <input checked="" type="checkbox"/> Educational Assessment/Reports | <input checked="" type="checkbox"/> HIV/AIDS Status |
| <input checked="" type="checkbox"/> Psychological Assessment/Testing Results | <input checked="" type="checkbox"/> Drug and Substance Abuse History |
| <input checked="" type="checkbox"/> Psychiatric and Counseling Records | <input checked="" type="checkbox"/> Oral Communication as Needed |

For the Following Purpose(s): Continuity and/or coordination of care.

I understand that I can obtain a copy of this authorization. A copy of this form is as valid as the original. I understand that I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released.) This revocation must be delivered in writing TMS Therapeutics In San Diego, Inc. Unless otherwise revoked, this authorization will remain in effect for one year from the date signed. This provider is released from legal responsibility or liability for the release of the above information to the extent authorized and indicated herein.

Patient's Signature Date

Physician's Signature Date