



Pleasant Hill Wellness Center
 140 Gregory Lane Suite 280
 Pleasant Hill, CA 94531

PATIENT REGISTRATION

Welcome to Pleasant Hill Wellness Center. Thank you for completing this form.

Name of Company: _____ City: _____

Name: _____ Date: _____
 First Middle Initial Last

Address: _____
 Street Apt. # City/State Zip

Birthdate: _____ Sex: ____ (f) ____ (m) Marital Status: ____ Drivers Lic. # _____

Home Ph #: () _____ Work Ph #: _____ Soc. Security #: _____

Authorization to Release and Receive Medical Information

EXPLANATION:

This authorization to receive or release medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1980, Section 56 et seq. of the CA. Civil Code.

AUTHORIZATION:

I hereby authorize Pleasant Hill Wellness Center to furnish to an agent, designee or representative of the company who sent me for this physical any and all records pertaining to medical history, services rendered or treatment given to me for purposes of review, investigation or evaluation of any application, or the processing of any claim, or utilization review, financial audit or for any other purpose reasonably related to the above enumerated activities.

I also authorize Pleasant Hill Wellness Center to furnish to an employer information to be used for the purpose of determining compliance with the company's policy on drug and alcohol use (when required)

DURATION:

This authorization shall become effective immediately and shall remain in effect as long as necessary for the above name requestor to fulfill the obligation required by the activities undertaken.

RESTRICTIONS:

I understand the same restriction for receipt or release of medical information apply to the above named requestor as to Pleasant Hill Wellness Center and that no further authorization is made than is specifically indicated in this form.

ADDITIONAL COPY: I further understand I have a right to receive a copy of this authorization upon my request.

Signature **Date**

Witness **Date**