DILIP TAPADIYA, M.D. INC.

Records Release

We cannot discuss your protected health information (PHI) with anyone other than yourself without your written consent.		
Please list below the name(s) of individuals you authorize person, via phone, or via mail. Your PHI will be disclosed notify us otherwise in writing. This authorization may be	to the individual(s	s) listed below until you
Name	Relatio	onship to patient
Signature(Parent/Guardian if applicable)	Initial	Date
Duplication Policy		
Due to costs of toner/paper/labor/postage, we regret that allowed by California law. California law allows a 15-day t		
 To send records to a third party OR to a patient the (above) is required. Please note that outside records are not released upobtained from the facility at which they were general. 	under any circumst	
 Whether records are being sent to the patient or to a third California Health and Safety Code Section 123100: 1. Medical chart notes: \$6.00 per 15 minutes of time 2. Xrays and MRI: \$6.00 per 15 minutes of time spen copied, or \$25 per MRI CD to be made. Original fill 3. Postage: We do charge for actual postage when re 	spent in duplication t in duplication, pl ms are not release	on, plus \$0.25 per page us \$17 per x-ray film to be ed under any circumstances.
I certify that I understand and agree to the records policy	<i>'</i> .	
Signature	Initial	Date