

# MEDICAL RELEASE AUTHORIZATION FORM

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## PLEASE READ COMPLETELY

The office is now closed and your medical records are in long term storage and will be retained for 7-19 years according to applicable law.

Records can be requested by completing the attached form and emailing it to [zenalevine@hushmail.com](mailto:zenalevine@hushmail.com)  
Your records will be scanned and emailed to you. There is a \$75 processing fee which is payable by Venmo @zena-levine-1 or mail a check to P.O. Box 518 Los Gatos, CA 95031.

I will personally be checking emails for requests weekly and records will be sent out within 30-45 days. I cannot fax or email records directly to your new physician.

Because our email is encrypted it is important that you store your passcode. If you need to create a new passcode to open the email with your records, your attached records will be deleted. In that case, you will need to make sure and save your new passcode and let me know via email so I can resend your file.

Please release my records to:

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Confirm email \_\_\_\_\_ Phone number \_\_\_\_\_

GYN Patients – Year last seen (best guess) \_\_\_\_\_

OB Patients – Year your last baby was born \_\_\_\_\_

(Include the year even if you transferred care during that pregnancy)

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

Date paid: \_\_\_\_\_ CHECK / VENMO / ZELLE

Zena Levine, MD