

**Monterey Women's Health Medical Group, Inc.**  
**Tricia E. Markusen, M.D. & Donelle A. Laughlin, M.D.**  
**889 Pacific Street, Monterey, CA, 93940**  
**Phone: (831) 649-0175 Fax: (831) 646-0220**

I hereby authorize TRICIA MARKUSEN, MD AND/OR DONELLE LAUGHLIN, MD  
to furnish medical information to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

Is this a permanent transfer?                      YES                      NO

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Any and all information may be released, including but not limited to, mental health records protected by the  
Lanterman-Petris-Short Act, drug and/or alcohol abuse records and/or HIV test results, except as specifically  
provided below.

Authorization for such charges is provided by the "Patient Access to Health Records; California Health and  
Safety Code 123100 et seq". It provides for reasonable clerical cost incurred in making records available.

**Fees for medical Records\***

Storage Retrieval Fee: \$10.00 in addition to the copy fee.

Copy Fee:                      1-3 pages                      \$5.00

   4-15 pages                      \$20.00

   16+ pages                      \$30.00

Rush Fee                      24 hr return                      \$5.00 Non-rush records have a 10 day turn around

List Records Requested:                      All                      Specify: \_\_\_\_\_

Records/Years: \_\_\_\_\_

\*Payment must be received prior to records being released