



Dr. Ryan D. Kauffman
1136 JACKLIN ROAD
MILPITAS, CA 95035
Phone/Fax: 408-262-1371

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Social Security #: _____ Case / Misc #: _____

I, _____, *request and authorize* _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

To release my healthcare information to: Thrive Milpitas to the following address:

1136 JACKLIN ROAD
MILPITAS, CA 95035
Fax: 408-262-1371

This request and authorization applies to:

- Imaging Reports : MRI / X-Ray / Other: _____
- Healthcare information relating to the following treatment, condition, or dates:

- All healthcare information
- Other: _____

Patient Signature: _____ Date Signed: _____