Reproductive Partners Fertility Center | La Jolla, Inc.

9850 Genesee Avenue # 800, La Jolla, California 92037 Tel: (858)-552-9177 Fax: (858)-552-9188

Reproductive Partners Fertility Center, Inc.

Authorization for Release of Protected Health Information

Patient:		Birthdate:	_//_	SSN:		-
Spouse/Partner:		Birthdate:		_ SSN:		_
Address:						-
Telephone: (H)		(W) _				-
To:						
						
I authorize the release	of all information about i	my care and tre	eatment, c	covering the	e dates of healthcar	e
service from	(date) to	(da	ate), to be	e sent to:		
	Reproductive Pa	rtners Fertility	Center, In	С.		
	·	ee Avenue, Sui	•			
		olla, CA 92037				
	Phone: (858)-552-	9177 Fax: (85	58)-552-91	.88		
• • • • • • • • • • • • • • • • • • • •	ally authorize the release (us) and AIDS (acquired imi			-	man	
Signature of Patient				Date	-	
Signature of Spouse/P	artner			 Date	_	