



*Tarzana Outpatient Surgical Institute*

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**Authorization / Objection for Release of Procedure Records and Information**

The undersigned patient hereby acknowledges that Brand Tarzana Surgical Institute may receive request from third parties to release any and all records and information arising from procedures performed by physicians at Brand Tarzana Surgical Institute. The patient has the right to restrict release of these records and/or information generated from procedures to any and all health care facilities and insurance companies whom request records and/or information regarding the undersigned patient. If the undersigned does not authorized the release of records and/or information, and wishes to exercise that patient's constitutional right or privacy provided to him/her under that United States Constitution, please sign in the appropriate place below.

**Permission to Release of Procedure Record and Information**

I hereby  authorize  Do not authorize Brand Tarzana Surgical Institute to release any and all records and/or information pertaining to any and all procedures rendered at Brand Tarzana Surgical Institute to any and all health care facilities and insurances companies upon their request.

Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_