

# Psychiatric Wellness Center



Elsa C. Cruz, M.D.

30300 Agoura Road, Suite 195, Agoura Hills, CA 91301

P: 818-532-7950

F: 818-532-7685

---

## Patient Consent for Release of Information

I, \_\_\_\_\_ request that Psychiatric Wellness Center and office of Elsa Cruz, M.D., receive the following information via email or fax:

- Physical Exams, questionnaires completed by the patient
- Consultations by and/or referrals to any physicians
- Reports of diagnostic tests and laboratory results
- Operative reports
- Medication logs
- Hospital records, including admission and discharge summaries, operative notes, procedures and major diagnostic studies.

By signing this document, I agree that I have reviewed and confirmed the list of documents to be released, and authorize this transfer of information.

---

Signature

---

Date

**NOTICE REGARDING CONFIDENTIAL COMMUNICATION:** Information provided in this document is intended only for the address/addresses, names and/or references named above. The content of these documents may contain proprietary or privileged information and are considered private and confidential. If you are not the intended recipient, immediately deliver these materials to the intended recipient and discard your copy. You are hereby notified that any other use, dissemination, distribution or reproduction of this information is strictly prohibited.