HOW TO FILL OUT THE CONSENT TO RELEASE FORM

1. Fill out the highlighted boxes.

2. The form **must be signed** by the veteran or the person holding an in-force power of attorney for health care.

3. What the boxes mean:

   DRUG ABUSE: If any mention of drug testing or abuse is made in the records you want, we will **not** send it unless you check this box;

   INFECTION WITH HIV: if any mention of testing or HIV is made in the records you want, we will **not** send it unless you check this box;

   SICKLE CELL ANEMIA: if any mention of testing or sickle cell anemia is made in the records you want, we will **not** send it unless you check this box;

4. In the INFORMATION REQUEST box, most people request HOSPITAL SUMMARIES, which include diagnosis and treatment information. You must be specific about what you want. You can be charged for copying records we have already sent you once. Request for more that 100 pages of material take longer to fill. You must include the specific dates you want the records to cover;

   FROM:_____ TO:_____
   Month/Day/Year Month/Day/Year

5. Return the form to:

   RELEASE OF INFORMATION (11MR)
   V.A. PALO ALTO HEALTH CARE SYSTEM
   3801 MIRANDA AVENUE
   PALO ALTO, CA 94304

6. Questions? Please call us at (650) 493-5000; for Palo Alto at extension 66406/60403/67298; Menlo Park (Tues/Thurs) at extension 22899; Livermore at extension 35217; and San Jose at extension 73554 (Mon/Wed/Fri); or write us at the address above.

T. Wes Maynard
Manager, Health Information Management Section
Office of the Chief of Staff