



# AdvocateMDs

## ADVOCATE MDs MEDICAL RECORDS REQUEST AUTHORIZATION

I hereby authorize the release of my protected health information (PHI) to AdvocateMDs. This authorization is being provided voluntarily to facilitate physician-led medical advocacy, consultation, and coordination of care.

### 1. AUTHORIZED RECIPIENT

AdvocateMDs  
Attention: Steven Morris, MD / Mark Rubin, MD  
5635 N. Scottsdale Road  
Suite 170- E2  
Scottsdale, Arizona 85250

Phone: (480) 923-2376

Fax: (480) 944-7142

### 2. RECORDS TO BE RELEASED

I authorize the release of all medical records, including but not limited to: Physician Notes, Laboratory Results, Imaging Reports (X-ray, MRI, CT), Medication Records, and Hospital Discharge Summaries.

### 3. PATIENT RIGHTS & PRIVACY

- I understand I may revoke this authorization in writing at any time.
- I understand my records may no longer be protected by federal privacy laws once disclosed.
- This authorization expires one year from the date of signature.

Patient Name: \_\_\_\_\_

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

Relationship to Patient: \_\_\_\_\_

Physician-led healthcare advocacy  
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