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PLEASE COMPLETE AND SIGN THIS FORM I, \_\_\_\_\_ hereby Voluntarily Authorize The Disclosure Of Information From 12th, 2024  
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**LTC-85 (Rev. 7/20) Title: LTC-85 - Authorization For Release Of Records**  
Author: Dansby, Jeremy Created Date: 6/30/2020 3:20:02 PM ... 8th, 2024  
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Following Rates Went To Effect August 23rd, 2016 COPIES FOR PATIENTS. There Will Be A Charge To Patients For Medical Record Requests. The Charge For This Service Will Be: Records Delivered In Electronic Fo 26th, 2024MEDICAL AUTHORIZATION AND RELEASEThis Medical Information May Be Released To Any Authorized Representative Of The City And County Of San Francisco Bearing This Release Or A Photocopy Thereof, In Order To Evaluate My Request For Reasonable Accommodation. I Do Hereby Request That The Health Care Provider Certificati 11th, 2024.

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