Jean Lake, M.D. • Mary Kay Dyes, M.D. • Thanh Le, M.D.
Nicole Cobo, M.D. • Karissa Hodges, PA-C

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

PATIENT INFORMATION

Name: ______________________________ DOB: ______________________________

Address: ______________________________

Phone Number: ______________________ Email: ______________________________

Purpose of Request: ______________________________

RELEASE

I authorize Adult & Child Neurology to Release / Request Medical Records

________Release to: ________Release From:

Person/Organization: ______________________________

Address: ______________________________

Phone: ____________________Fax: ________________Email: ____________________

INFORMATION

Treatment Dates: ______________________________

________Office notes ________Emails ________Other: ______________

________Labs, Testing ________Telephone Notes

DELIVERY INSTRUCTIONS

________ Mail records directly to person or organization specified

________Call Requestor when records are ready for pick up

I authorize ____________________ to pickup my medical record copies.

Relationship to patient: ______________________________

________E-mail: ____________________Other: ______________________________

RESTRICTIONS

Permission for further use or disclosure of this medical information is not granted unless another authorization is obtained for me or unless such disclosure is specifically required or permitted by law. A photocopy of facsimile or emailed of the authorization shall be considered as effective and valid as the original. I have been advised of my rights to receive a copy of this authorization. There is a $25 fee for all medical records request.

______________________________ ______________________________

Signature of patient or legal guardian Relationship (if other then patient)

______________________________ ______________________________

Patient's Name (PRINT) Date

2880 Atlantic Avenue, Suite 260, Long Beach, CA 90806 • tel 562-490-3580 • fax 562-490-3584
1901 Newport Blvd., Suite 235, Costa Mesa, CA 92627 • tel 949-646-6266 • fax 949-646-6222