

Chart #

Pan and Hsu Pediatrics, Inc

Authorization to Release Health Information

Patient's Name _____

Date of Birth _____

Telephone _____

Social Security _____

Other Names Patient has Used _____

Request Records From: _____

Tel: _____

Fax: _____

Send Records To: Jenny Pan, M.D Emily Hsu, M.D Aline Wong, M.D Janet Do, M.D
1045 Atlantic Ave., Suite 605
Long Beach, CA 90813
Tel: (562) 901-6767 Fax: (562) 901-6777

This information is being disclosed for the purpose of Continuing Health Care.

For Healthcare Covering the Period(s) All or From _____ To _____

- Complete Health Record to be disclosed or (check appropriate boxes):
 History & Physical Exam Progress Notes Discharge Summary Consultations
 X-rays / Ultrasounds Laboratory Tests Immunization Records Growth Chart
 Others: _____

I understand that specific information to be released may include AIDS or HIV, Alcohol and/or Drug Abuse, and Mental Health.

I understand that if I request copies of records for myself or a member of my family, a review of this information with my physician or other healthcare provider is encouraged. I understand that if the physician does not feel it is in my best interest, I may designate another healthcare provider to receive these records. I accept responsibility for these copies and information contained herein.

Unless otherwise indicated, this authorization will expire ninety (90) days from the date of signature. The physician and employees are released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I understand that this authorization may be evoked in writing at any time, except to the extent that action has been taken in reliance on this authorization for the purposes stated above.

I understand that there may be a fee for preparing and furnishing thus information.

Signature of Patient or Legal Representative _____ Relationship to Patient _____ Date _____

Date Faxed _____

1st Attempt: _____

2nd Attempt: _____

3rd Attempt: _____