## PEDIATRIC ENDOCRINOLOGY ASSOCIATES OF LONG BEACH MARIO I. BRAKIN MD – PABLITO G. NAGPALA MD 2650 ELM AVE. SUITE 318 LONG BEACH, CA 90806 (562)595-0166 Fax (562)595-6714

## **AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION**

This authorization allows the healthcare provider(s) name below to release confidential information and records. Note: Information and records regarding treatment of minors, HIV, psychiatric / mental health conditions, or alcohol / substance abuse have special rules that require specific authorization.

## **AUTHORIZATION**

| Patient's Name (PRINT)   | Patient's Date of Birth  | DATE  |
|--|--|---|
| Signature of patient or legal / personal representative        | Relationship if other than patien  | nt  |
|  | dered as effective and valid as the orig   | zinal.  |
| Permissions for further use or disclosure of this medical info | ormation is not granted unless another   | r authorization is obtained from me or unless |
| RESTRICTIONS   | y and remain in enect until  | (Date)  |
|  |  |   |
| Drug / Alcohol / Substance Abuse(initial)                      | Test for Antibodies to   |   |
| l also consent to the specific release of the following recor  | ds:  |   |
|  |  |   |
|  | al Health, HIV Diagnosis / Treatment)  |   |
| This authorization is:   |  |   |
| The medical information / records will be used for the follow  | ving purpose:  |   |
|  | <u>.</u>   |   |
|  | Information regarding my medical history, illness, or injury, consultation, prescription, treatment, diagnosis, or prognosis, rays, correspondence, and / or medical records by means of mail, fax, or electronic methods.  To: PEDIATRIC ENDOCRINOLOGY ASSOCIATES OF LONGBEACH 2650 ELM AVE., SUITE 318 LONG BEACH, CA 90806  Information / records will be used for the following purpose:   |   |
|  | A STATE OF THE STA |   |
| To: PEDIATRIC ENI  | DOCRINOLOGY ASSOCIATES OF LO   | ONGBEACH                                      |
| including x-rays, correspondence, and / or medical rec         | cords by means of mail, fax, or elec   | ctronic methods.                              |
|  |  |   |
| I HEREBY AUTHORIZE:  | ·  | _   |
| LUEDERY ALITHORIZE:  |  |   |