

ANNA E.LEE, M.D., MEDICAL CORPORATION

Anna E. Lee, M.D. and Siyi Z. Yung, M.D.

AUTHORIZATION TO INSPECT AND COPY PRIVATE HEALTH INFORMATION

PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_

AUTHORIZATION: I hereby authorize: \_\_\_\_\_

To release information regarding my/my child’s medical history, illness or injury, consultation, prescriptions, treatment, diagnosis or prognosis, including x-rays, correspondence and/or medical records including those from my other health care providers that the above named health care provider may hold, by means of mail, fax or other electronic methods.

Send to:

Anna E. Lee, M.D., Medical Corporation
Attention to: Dr Lee or Dr Yung (please circle one)
3998 Vista Way, Suite D, Oceanside, CA 92056,
phone: (760) 295-1995, fax: (760) 295-1118

The medical information/records will be used for the following purpose: \_\_\_\_\_

This authorization is:

- [ ] Limited to last well visit/physical, complete immunization record and growth curve
[ ] Unlimited (all records, excluding Substance Abuse, Mental Health, HIV diagnosis/treatment)
[ ] Limited to the following medical information: \_\_\_\_\_

I also consent to the specific release of the following records: Please initial each

\_\_\_\_\_ Drug/Alcohol/Substance Abuse \_\_\_\_\_ Psychiatric/Mental Health
\_\_\_\_\_ Tests for Antibodies to HIV \_\_\_\_\_ HIV Diagnosis/Treatment
\_\_\_\_\_ Genetic Information

DURATION: This authorization shall be effective immediately and remain in effect until \_\_\_\_\_ (or for 1 year from today’s date if left unspecified).

RESTRICTIONS: Permissions for further use or disclosure of this medical information is not granted unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

A photocopy or facsimile of this authorization shall be considered as effective and valid as the original.

I have been advised of my right to receive a copy of this authorization.

Signature of patient or legal representative

Name (Print) and Relationship

Witness (office use)

Date