

AUTHORIZATION FOR THE RELEASE OF MEDICAL AND PSYCHIATRIC RECORDS

Patient's Name FIRST: _____ LAST: _____

Patient's Address: _____

Social Security Number: _____ Patient's Telephone: _____

Birth Date: _____ Patient Email: _____

INFORMATION TO BE RELEASED FROM:

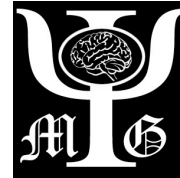
INFORMATION TO BE RELEASED TO:

MOATAZ K GIURGIUS MD INC
15651 IMPERIAL HWY #203
LA MIRADA, CA 90638
T. 562-947-8832 F. 562-947-8839

T: _____ F: _____

PURPOSE FOR RELEASE:

- Continued care by the receiving facility/doctor/therapist
- Claims settlement with insurance company
- Aid by the above-named agency
- Legal proceedings or advice
- Other: _____



INFORMATION TO BE RELEASED:

- Discharge Summary
- History & Physical Exam
- Psychiatric Evaluation
- Psychological Test Results
- Treatment Plan
- Progress Notes
- Physician's Orders
- Diagnosis
- Lab/X-Ray Reports/Imaging
- Medication Records
- Nursing Notes
- Other: _____

This authorization is effective immediately and is subject to revocation at any time. This authorization expires one year from the date of signing unless otherwise specified. I am aware of the provisions of existing State and Federal Statutes, Rules and Regulations, which provide for my right to confidentiality of the information in these records. I realize that this is a required consent and that I must voluntarily and knowingly sign this authorization before any records can be released, and that I may refuse to sign, but in that event the records cannot and will not be released. I further release my attending physician from any liability arising from the release of authorization to the person(s)/agency as designated above.

_____ Patient Signature _____ Date

_____ Patient Guardian Signature _____ Date

MOATAZ K. GIURGIUS M.D.

DATE

To Person Receiving Released Information: **PROHIBITION ON REDISCLOSURE**
This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulation (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute.