

National Avenue Medical Associates
14911 National Ave Ste #1
Los Gatos, CA 95032

John P. Smith M.D.
408-358-3448

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408-356-2191

AUTHORIZATION TO OBTAIN OR RELEASE MEDICAL RECORDS FROM MEDICAL PROVIDERS

I hereby authorize National Avenue Medical Associates to obtain any and all medical records concerning my care from any physician, hospital, or other healthcare professional that has provided medical care to me in the past.

I also authorize the Practice to release any and all medical records concerning my care to any physician, hospital or other healthcare professional providing care to me at any time. Additionally I authorize the Practice to release my medical records concerning my care to Medicare, Medicaid, any insurance company, third party administrator, or managed care company.

Patient Signature

Date

Printed Name

Date of Birth

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS / FAMILY MEMBERS

In accordance with Federal government privacy rules implemented through Healthcare Portability Act of 1996 (HIPPA), in order for your physician or staff to discuss your condition with members of your family or other individuals that you designate, we must obtain your authorization prior to doing so. In the event of an emergency or critical episode or if you are unable to give your authorization the law stipulates that these rules may be waived.

I do not authorize the practice to release any or all information to any individual except as set forth above.

I authorize the practice to verbally release any or all information concerning my medical care to the following individuals listed below.

Name

Relationship to Patient

Name

Relationship to Patient

Name

Relationship to Patient

Patient Signature

Date