



**Scott Liang, M.D. Inc.**

4153 E Live Oak Ave, Arcadia, CA 91006,  
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**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION  
TO A DESIGNATED PARTY**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: **Scott Liang, M.D.**

Designated party: \_\_\_\_\_ Designated Party: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

The information will be used or disclosed for the following purposes:

\_\_\_ At the request of the individual \_\_\_ Other \_\_\_\_\_

This Authorization grants permission to the Designated Party (ies) named above to:

\_\_\_ have access to my medical record information

\_\_\_ have access to my billing & insurance information

\_\_\_ have access to any test results

\_\_\_ make or confirm appointments

\_\_\_ other, please specify \_\_\_\_\_

I authorize Scott Liang, M.D., Inc. to use and disclose my health information as described in this authorization.

The patient or the patient’s representative must read and initial the following statements:

• I understand that this information will: (Must check one)

\_\_\_ expire 1 year from the date signed by the patient or patient’s representative; or

\_\_\_ only when revoked by the patient

• I understand that I may revoke this authorization at any time by notifying in writing the above named Physician Practice at Scott Liang, M.D., Inc.; however, if I do revoke the authorization, it will not have any effect on any actions taken by Scott Liang, M.D., Inc. prior to their receipt of the revocation

• I understand that this authorization is voluntary

• I understand that once this information is released to the Designated Party (ies), the released information may no longer be protected by federal privacy regulations

• I understand that my treatment cannot be conditioned on whether I sign this authorization

\_\_\_\_\_  
Signature of patient or patient’s representative

\_\_\_\_\_  
Date

*(Form MUST be completed before signing or will not be valid) Office of HIPAA Compliance October 2013*