Scott Liang, M.D. Inc.
900 S. First Avenue, Suite G, Arcadia, CA 91006,
Phone: 626-628-0808, Fax: 626-628-0809, www.drscottliang.com

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*