

Dumrong Tangchitnob MD Inc. & Its Affiliated Physicians
Dumrong Tangchitnob, MD, FACOG
Edward Tangchitnob, MD, FACOG
1135 South Sunset Ave. Suite 102
West Covina, CA 91790

PATIENT AUTHORIZATION FOR PRACTICE TO RELEASE PROTECTED HEALTH INFORMATION FOR
THIRD PARTIES

By signing this authorization, I authorize Dumrong Tangchitnob, MD & Its Affiliated Physicians, to use and/or disclose certain Protected Health Information about me and/or for party or parties listed below:

This authorization permits Dumrong Tangchitnob, MD & Its Affiliated Physicians, to use or disclose to

This authorization will expire on : _____

When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by The Federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Dumrong Tangchitnob, MD & Its Affiliated Physicians, has acted in reliance upon this authorization.

My written revocation must be submitted to Dumrong Tangchitnob, MD. & Its Affiliated Physicians, Privacy Officer at: 1135 S. Sunset Ave. Suite 102, West Covina, CA 91790; (6226)338-5377

Print patient name

Print name of legal guardian

Patient or legal guardian signature

Relation to patient

Witness signature

Print name of witness

Date