

Authorization for Dr. Krishna M. Pinnamaneni to Release Records

PLEASE READ CAREFULLY.
(There may be a fee for copies of medical records.)

Patient _____ Social Security # _____ - _____ - _____

Address _____ Date of Birth _____ - _____ - _____

_____ Phone # (_____) _____
City State Zip

I hereby authorize **Dr. Krishna M. Pinnamaneni** to **release** my medical records to:

Name Authorized to Receive Records Phone: _____

Address

City State Zip

PURPOSE OF RELEASE

() Appointment / Continuation of Care: _____
Appointment Date

MEDICAL RECORDS

- () Copy of medical records of the last two years of treatment received.
() Copy of medical records covering from: _____ to _____
() X-Ray, EKG, Lab Reports: _____ to _____
() Other _____

I authorize the release of photocopies of the following medical records in the possession or control from Dr. Krishna M. Pinnamaneni, their employees, and / or agents. FOR THE PURPOSE HEREOF, "MEDICAL RECORDS" SHALL INCLUDE ALL:

1. CONFIDENTIAL HIV-RELATED INFORMATION (AS DEFINED IN A.R.S. § 36-661).
2. CONFIDENTIAL COMMUNICABLE DISEASE-RELATED INFORMATION (AS DEFINED IN A.R.S. § 36-661).
3. CONFIDENTIAL ALCOHOL OR DRUG ABUSE-RELATED INFORMATION (AS DEFINED IN 42 CFR SECTION 2.1 ET SEQ).
4. CONFIDENTIAL MENTAL HEALTH DIAGNOSIS / TREATMENT INFORMATION.
5. CONFIDENTIAL GENETIC TESTING INFORMATION (AS DEFINED IN A.R.S. § 12-2801).

This content will expire ninety days (90) after the signed date below. I have given my consent freely, voluntarily, and without coercion. I may revoke this authorization at any time providing I notify Dr. Krishna M. Pinnamaneni, in writing, to that effect. I understand that any releases, which were made prior to my revocation in compliance with this authorization, shall not constitute a breach of my rights to confidentiality. I understand that a photocopy / facsimile of this authorization is considered acceptable in lieu of the original.

Patient Signature Date

Parent / Guardian / Power of Attorney Date

*American College of Radiology Accredited Facility
Licensed by Arizona Radiation Regulatory Agency (for ~35 years) as
Radioactive Material User
Providing Specialty Healthcare Services for over 45 Years*