

**KHIN KHIN OO, M.D., INC.**

238 S. ARROYO PKWY., UNIT 150

PASADENA, CA 91105

Phone: (626) 744-9290

Fax: (626) 744-9276

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**AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Completion of this document authorizes the disclosure and/or use of individually identifiable health information consistent with state and federal laws concerning the privacy of such information.

**Print in ink. Failure to provide all information requested may invalidate this authorization use and disclosure of health.**

**I authorize Khin Khin Oo M.D., Inc. to:**

- Provide records to:
- Obtain records from:

Doctor/Facility: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Mail to: 238 S. Arroyo Pkwy., Unit 150, Pasadena, CA 91105

Fax: (626) 744-9276

Email: info@khinkhinoomd.com

**Medical Information Requested:**

- Progress Notes
- Immunization Records
- Test Results
- All Medical Records

**Purpose/Reason records are to be disclosed:**

- Continuation of Care
- Other, specify \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Patient/Legal Representative: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Date: \_\_\_\_\_