Desert Medical Rejuvenation

Art Quintanilla MD

35-900 Bob Hope Drive, Suite 130, Rancho Mirage, CA 92270

AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION

This authorization allows the healthcare provider named below to release confidential medical information and records.

AUTHORIZATION

I hereby authorize **Art Quintanilla MD – Desert Medical Rejuvenation** to release information on ____(Patient's Name)_______________(Patient's DOB) regarding my medical history illness or injury, consultation, prescriptions, treatment, diagnosis or prognosis, including x-rays, correspondence and/or medical records including those from my other healthcare providers that the above named healthcare provider may hold, by means of mail, fax or other electronic methods.

To:

- ____
- ____

The medical information/records will be use for the following purpose: _________________________

This authorization is:

( ) Unlimited (all records, excluding Substance Abuse, Mental Health, HIV Diagnosis/Treatment)

( ) Limited to the following medical information: ____

I also consent to the specific release of the following records:

Drug/Alcohol/Substance Abuse _______(initial)

Genetic Information _______________(initial)

HIV Diagnosis/Treatment___________(initial)

Psychiatric/Mental Health______(initial)

Test for antibodies to HIV ______(initial)

DURATION

This authorization shall be effective immediately and remain in effect until ____________

RESTRICTIONS

Permissions for further use or disclosure of this medical information is not granted unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law. A photocopy of facsimile of this authorization shall be considered as effective and valid as the original. I have been advised of my right to receive a copy if this authorization.

Signature of patient or legal representative:___________________Relationship:__________________

Patient's name (PRINT)____

Legal Representative Name (PRINT):____

Patient's Date of Birth:_______________ Today's Date: ___________________

Witness Name:______________________________________ Witness Signature:________________