Sea View Pediatric Medical Associates, Inc.
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23521 Paseo de Valencia, Suite 200, Laguna Hills, CA 92653
2 Journey, Suite 100, Aliso Viejo, CA 92656
1031 East Avenida Pico, Suite106, San Clemente, CA 92673
15785 Laguna Canyon Road, Suite 120, Irvine, CA 92618

Patient Authorization for Release (Disclosure) of Protected Health Information

By signing this Authorization, I authorize:

Previous Provider's Name ____

Address: ____

____

Phone No: ____

Fax No: ____

To disclose the following individually identifiable health information:

Patient Name: ____

Patient Date of Birth: ____

The information will be used or disclosed for the following purpose:
Continued Medical Care.

This authorization expires: __________________________
Date

Signed by: ___________________________________ ______________________
Signature of Patient or Legal Guardian Relationship to Patient

___________________________________ ______________________
Printed Patient of Legal Guardian's Name

____
Patient or Legal Guardian Phone Number