KJARTAN D. ARMANN, M.D.
Infant, Child and Adolescent Medicine

2516 Samaritan Dr., Suite J
San Jose, CA 95124
Phone: (408) 356-0578
Fax (408) 356-3986
www.kjkidmd.com

AUTHORIZATION TO RELEASE PATENT MEDICAL INFORMATION FOR PATIENT(S) WHO ARE 18 YEARS OR OLDER

PATIEN INFORMATION:

Name: ______________________________________
Social Security Number: ______________________________________
Birthdate: ______________________________________
Daytime Telephone Number: ______________________________________

INFORMATION TO BE RELEASED FROM:

I hereby authorize Dr. Kjartan D. Armann, M.D. to release the following medical information contained in my patient's records:

INFORMATION TO BE RELEASED:

Name of Person(s) or Organization: ______________________________________
Address: ______________________________________
____

TYPE OF INORMATION TO BE RELASED:

1. General Release:
   ______ Medical records/excluding protected records (this will be limited to 2 yrs of information including x-ray, lab reports unless otherwise stated.)
   ______ Lab Results (specify)
   ______ X-Ray Records (specify)
   ______ Surgical Records (specify)
   ______ Other Records (specify)

2. Information Protected by State/Federal Law:
   _____ Drug Abuse Diagnosis/Treatment
   _____ Alcoholism Diagnosis/Treatment
   _____ Mental Health Diagnosis/Treatment
   _____ Sexual Transmitted Disease
   _____ Diagnosis/Treatment or Counseling (Includes AIDS/HIV)