

Dr. Maryam Zarei

15725 Pomerado Road, # 218 Poway, CA. 92064 T: (858) 521-0806 F: (858) 521-0808

Authorization for Use and Disclosure of Health Information

I voluntarily authorize and direct the health care provider name below to disclose my health information during the term of this Authorization to the following recipient.

Sender: Physician/Healthcare Facility: _____

Address: _____

Phone Number: _____ Fax Number: _____

Recipient:

Maryam Zarei, M.D. F.A.A.A.I.

Diplomate of the American Board of Allergy and Immunology
Family Allergy, Asthma, Immunology and Sinus Center (FAAISC)

15725 Pomerado Rd. #218 Poway, CA 92064

Phone Number: (858)521-0806 Fax Number: (858)521-0808

USES:

This information is to be used to establish as a new patient and/or transfer of care.

o THE FOLLOWING INFORMATION:

- o Last office note _____
- o Allergy Testing _____
- o Blood work _____
- o Substance Abuse _____
- o HIV Testing _____
- o Other _____
- o Imaging (CXR, Chest CT, Sinus CT) _____
- o Allergy Shot Recipe/Records _____
- o Pulmonary Function Test _____
- o Mental Health _____
- o Genetic Testing _____

Family Allergy 
Asthma, Immunology & Sinus Center

DURATION:

This authorization shall become effective immediately and shall remain in effect until date: _____.

RESTRICTIONS: I have the right to revoke this authorization at any time. My revocation must be in writing, signed by me or by my legal representative and delivered to FAAISC.

Permissions for further use or disclosure of this medical information is not granted unless another authorization is obtained by me or unless such disclosure is specifically required or permitted by law.

A photocopy or facsimile of this authorization will be considered as effective and valid as the original.

I have been advised of my right to receive a copy of this authorization.

SIGNATURE:

Signature of patient *or legal/personal Representative*

Relationship *if other than Patient*

Patient's Name (PRINT)

Date

Patient's Date of Birth

Witness' Name (PRINT)

Witness Signature