Heart of the Valley
Pediatric Cardiology

AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION

A. EXPLANATION

This authorization is for use or disclosure of medical information and is being requested of you to comply with the terms of the Confidentiality of Medical Information Act 1981, Sec 56 et seq., California Civil Code.

B. AUTHORIZATION

I authorize Heart of the Valley Pediatric Cardiology to furnish and obtain the requested information to the patient insurer, other health care facilities companies providing recommended medical equipment, and to other physicians or health care professionals for the purpose of mine or my child's care.

Patient's Last Name	Patient's First Name	Patient's Date of Birth

Guarantor Last Name	Guarantor First Name	Relationship to the patient

To whom you want the copies sent:

Last Name	First Name

Date

Signature

Delivery Method:

- ❑ Address: _____
- ❑ Fax: _____
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