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HIPAA Release of Information for Doctors & Hospitals

To Whom It May Concern:

I, _____ d/o/b: _____ hereby give permission
(Your/patient name)

to _____, to provide my **medical records/x-rays, labs, and/or**
(doctor's name or entity)

disclose private medical information to Drs. Eric Teitel and David Lin.

*This includes excludes HIV-AIDS information. This agreement will remain in effect
Until I advise the disclosing entity in writing.*

Thank you in advance for your prompt attention to this matter.

(Patient signature)

(Witness)

(Today's date)