Pradeep Kumar, MD 4011 West Plano Pkwy, Suite 123 Plano, TX 75093

Phone 972-849-9597 Fax: 972-596-8157.

Name:					
Date of Birth					
□ I hereby authorize Dr. Pradeep Kumar to:				otected Health In otected Health In	
Name of perso	n or Entity				
Address					
Phone Numbe					
Fax Number_					
The information may			ncludes:		
Check applicable one:	Diagnosis	Psychiatric	Evaluation	Progress Note	
	_	=		_	
In addition I authorize Regarding: Substar		eep Kumar to □ HIV/		ase Protected H	ealth Information
For the purpose of: C	ircle one				
□Evaluation	Tr	eatment	□Legal	Other:	
authorization. Signature	tion. e Date				
I am the personal reprelationship to that per					
authorization.					
Signature				Date	-
revoked may not be re	nis authoriz trieved. If a	ation may be r action was take	evoked. Infornen	n the authorization	pefore an authorization is on, the person who relied
on the authorization makes			close protected	I health information	on as needed for the work
I hereby revoke this au information in the man			·	ing use and discl	osure of protected health
Signature of the person	n self/parer	nt/guardian			 Date

Note: A photocopy or facsimile of this authorization shall be as effective as the original.