

Nissa Keyashian, M.D.
1101 S Winchester Blvd., Suite K236
San Jose, CA 95128
(408) 854-8180
www.drnissak.com

Authorization for Release of Healthcare Information

I authorize Dr. Nissa Keyashian to release and receive my healthcare information to and from the following healthcare providers:

Number of Individual/Entities specified below: _____

Name _____ Phone Number _____

Fax Number _____

Please Specify Type of Provider _____

Name _____ Phone Number _____

Fax Number _____

Please Specify Type of Provider _____

Name _____ Phone Number _____

Fax Number _____

Please Specify Type of Provider _____

I understand that this healthcare information may include mental health, alcohol and/or drug treatment and will be used for the purposes of evaluation and treatment. I also understand that the authorization is completely voluntary and may be revoked at any time by submitting a written request to revoke the authorization to the office of Dr. Nissa Keyashian (address listed above). Treatment cannot be conditioned on completing an authorization.

This authorization will expire on _____ (or one year from date signed).

Signature of Patient

Date

Printed Name