



East Valley Diabetes & Endocrinology
P: 480-782-9531 F: 480-782-9530
myazdr.com
Dr. Devendra Wadwekar MD
Dr. Kristina Blohm MD | Irene Irby NP
Dr. Abhilasha Singh MD
Jena Wilkinson NP | Vincent Liou PA-C
Kristina Kirchgessner PA-C

Patient Name: _____ Date of Birth: ____/____/____
Phone Number:(____)_____ Address: _____
Apt/Lot: _____ City: _____ State: _____ ZIP: _____

I hereby authorize the use and/or disclosure of my health information as described below. I understand that this authorization is voluntary. I also understand that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may be re-disclosed and may no longer be protected by the federal privacy regulations.

I authorize the following physician/organization/facility to disclose (release) my health information **TO/FROM** East Valley Diabetes & Endocrinology:

- a) _____
- b) _____
- c) _____
- d) _____
- f) _____

Signature of Individual (or Legal Representative): _____
Individual's/Legal Representative's Name (Print): _____
Relationship: _____ Date: _____