Luis F. Pineda, M.D., P.C.

The following person(s) have my permission to obtain or discuss my Protected Health Information (PHI) and to verify my appointments, treatment, account balance, etc.:

NAME	Relationship to patient
NAME	Relationship to patient
NAME	Relationship to patient
NAME	Relationship to patient

The following person(s) have permission to verify that I am at my doctor visit/treatment only:

NAME	Relationship to patient
NAME	Relationship to patient
NAME	Relationship to patient

The following person(s) DO NOT HAVE PERMISSION to discuss anything regarding my appointments, treatments, account, or PHI:

NAME	Relationship to patient
NAME	Relationship to patient

Patient's Signature   Date