

Request for Medical Records  
Authorization of Disclosure of Protected Health Information by Another Covered  
Entity for Use By (PF-3300)

Perry Lim, MD

To:

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Information To Be Used or Disclosed:  
Information to be obtain under this authorization includes:

- All medical Information
- \_\_\_\_\_

Purposes of Disclosure  
Information listed above will be disclosed for the following purposes:

- Treatment
- \_\_\_\_\_

Persons to whom Information May be Disclosed  
Information described above may be disclosed to:

Perry Lim, M.D., FAAP  
991 Montague Expy, Suite 206  
Milpitas, CA 95035  
(408) 929-2276 Fax (408) 929-2170

Expiration Date of Authorization  
This authorization is effective through \_\_\_\_/\_\_\_\_/\_\_\_\_ unless revoked or terminated by the patient or patient's personal representative

Right To Terminate or Revoke Authorization  
You may revoke or terminate this authorization by submitting a written revocation to Dr. Perry Lim, Pediatrician Office. You should contact the Privacy officer to terminate this authorization.

Signature

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Name of Patient (Print or Type)	Date of Birth
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Signature of Patient or Patient's Representative	
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Relationship to Patient	Date