

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, _____, date of birth ____ / ____ / ____
(Printed name of patient)

Account # _____, do hereby consent to authorize Mobile Heart Specialists, P.C. to
disclose to: _____ or,
obtain from: _____,

- The patient's entire medical record or;
- Last Office Visit Note
- History and Physical
- Consultation Report
- Radiology Report
- Laboratory Report
- Holter Monitor Report
- EKG
- Echo
- Carotid Doppler
- Stress Test
- Blood Pressure Report
- CABG Report
- Cardiac Cath
- Other _____

The information requested should be faxed to Medical Records at: **(251) 435-8549**
 Phone Number: (251) 435-8540

I understand that the above record request may contain information concerning sexually transmitted disease and/or treatment, drug and/or alcohol tests and treatment, psychiatric treatment, and HIV/AIDS tests or treatment, and **(please check one)** _____ I AM ; or _____ I AM NOT specifically permitting Mobile Heart Specialists to include this information in the records release.

I understand this authorization may be revoked in writing at any time by submitting a letter to Mobile Heart Specialists, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will **expire one year from the date signed below.**

The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. By signing below, I recognize that the protected health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of this disclosure and may no longer be protected under federal law.

I acknowledge that I have read and fully understand this authorization as it applies to me. By my signature, I authorize execution of the terms of this document.

 Signature of Patient/Legal Representative

 Date

As a legal representative, I have authority to act for the individual because I am:
