CARDIOVASCULAR INSTITUTE OF NEW ENGLAND, P.C.

Kirit Desai, M.D., F.A.C.C.
Joseph Mazza, M.D., F.A.C.C.
Sajid Siddiq, M.D., F.A.C.C.
Thomas Lanna, M.D., F.A.C.C.
George Bourganos, M.D., F.A.C.C.
Rita Peter-Faherty, M.D., F.A.C.C.
*Christopher Kelley, M.D., F.A.C.C.
Cynthia Alves, M.D., F.A.C.C.
Malcolm Kirk, M.D., F.A.C.C.
*Richard Regnante, M.D., F.A.C.C.
*David Donaldson, M.D., F.A.C.C.
Florian Koci, M.D.

WOONSOCKET OFFICE
68 CUMBERLAND STREET
SUITE 103
WOONSOCKET, RI 02895
401.762.3838
fax 401.762.8252

CRANSTON OFFICE
395 ATWOOD AVENUE
CRANSTON, RI 02920
401.464.9751
fax 401.464.9755

WESTERLY OFFICE
35 WELLS STREET
WESTERLY, RI 02891
401.596.7880
fax 401.596.5453

JOHNSTON OFFICE
1539 ATWOOD AVENUE
SUITE 102
JOHNSTON, RI 02919
401.464.9751
fax 401.383.9339

NO. PROVIDENCE OFFICE
1515 SMITH STREET
NO. PROVIDENCE, RI 02911
401.464.9751
fax 401.464.9755

BRISTOL OFFICE
812 METACOM AVENUE
BRISTOL, RI 02809
401.464.9751
fax 401.464.9755

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BROWN
Alpert Medical School

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I hereby authorize **Cardiovascular Institute of New England**, (The Medical Practice"), to **release and/or transfer** all records, opinions, reports, x-rays, laboratory test and analysis, photo static copies, abstracts or excerpts of any medical records or other information of any kind relating to the undersigned in the possession of the medical practice (hereinafter collectively referred to as "Confidential Health Care Information", including those results related to HIV, for purpose of coordinating my health care and/or coordinating the payment of claims of my health insurer. Provided, however, that this consent for the release of "confidential health care information" shall not apply to the "confidential health care connection with the performance of any federally assisted alcohol and drug abuse program.

I understand that I may WITHDRAW the consent for the release and/or transfer of my confidential health care information" in writing at any future time.

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