



**Authorization to Receive/Release Health Information:**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mark one below:

I hereby authorize Southwest Cardiovascular Associates to REQUEST medical records FROM:

I hereby authorize Southwest Cardiovascular Associates to RELEASE medical records TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Records Needed for:

Physician Appt on: \_\_\_\_\_ Personal Copy: \_\_\_\_\_ Other: \_\_\_\_\_

Date

List Specific Medical Records requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby release you, your physicians, and your employees from all liability for fulfilling the authorization request for release of medical information. This consent will remain in place unless revoked by written consent after signed date below. I have given my consent freely, voluntarily and without coercion. I may revoke this authorization at any time providing I notify Southwest Cardiovascular Associates in writing to that effect. I understand that any releases which were not made prior to my revocation in compliance with this authorization shall constitute a breach of my rights to confidentiality. I understand that a photocopy facsimile of this authorization is considered acceptable in lieu of the original. Treatment will not be conditioned on my providing this authorization unless the provision of health care is solely for the purpose of creating protected health information for disclosure to a third party.

**IMPORTANT INFORMATION/NOTICES FOR THE RECIPIENT:**

The attached photocopies of medical records are requested from you pursuant to the authorization and request the patient specified above on this consent submitted to Southwest Cardiovascular Associates.

**THIS FORM MUST BE COMPLETELY FILLED OUT TO PROCESS. PLEASE ALLOW 7-10 BUSINESS DAYS**

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN/POA SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_