HOUSTON CARDIOVASCULAR ASSOCIATES

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RELEASE OF INFORMATION

Name:		Date of Birth:	
Phone Number:		Email:	
Address:	City:	State:	Zip:

***I hereby authorize Houston Cardiovascular Associates to**: *Release to*: ☐ *Receive From*: ☐ **(MUST CHECK ONE)**
Name of Person or Organization:
Address:
Phone: **Fax:**
***For the Date(s) of:**
For the following purpose(s): Medical: ☐ Legal: ☐ Insurance: ☐ Other: ☐_____

Select Records	
☐MD Progress Notes	☐Echocardiogram
☐Consultations	☐Nuclear Stress Test Report(s)
☐History and Physical	☐Radiology/Imaging Report(s)
☐Operative/Procedure Report(s)	☐Radiology/Imaging Films
☐Discharge Summary	☐Pathology/Lab Report(s)
☐Electrocardiogram (EKG)	☐Billing Records
☐X-Ray(s)	☐All Records
☐Holter Monitor Report(s)	☐Other _____

Unless I specifically mark below that I do not consent, I am expressly consenting to the release of information relating to psychiatric or psychological testing or treatment, biofeedback training, alcohol and/or drug abuse diagnosis, prognosis and treatment and/or HIV(AIDS) testing and/or results, genetic information, or such disclosure shall be limited to the following specific types of information: I DO NOT CONSENT ☐

TO THE PARTY RECEIVING THIS INFORMATION: This information has been disclosed to you from records whose confidentiality may be protected by Federal Law. If so, Federal Regulations (42 CFR Part 2) prohibits you from making any further disclosure of it without specific written consent of the person whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of information or other information is not sufficient for this purpose. I understand that I may revoke this authorization at any time and that it will remain in effect for a period of 12 months from the date signed. This authorization pertains to fulfillment of the above stated purpose(s). I have read the above, and acknowledge that I am familiar with and fully understand the terms and condition of this authorization.

_____ _____

Signature of Patient or Responsible Party (Parent/Guardian) and Relationship Date