ADVANCED HEART & VASCULAR CARE

465 N Telegraph Rd. Monroe, Michigan 48162
Phone: 734-242-8880 Fax: 734-384-0139

3022 Dix Hwy. Lincoln Park, Michigan 48146
Phone: 313-908-9699 Fax: 313-908-9524

Authorization to Disclose Protected Health Information

Patient Demographic Information	
Patient's Name	Date of Birth
Patient Address	MRN #
	Contact Number

Facility/Provider authorized to **DISCLOSE** information (from):	Facility/Provider authorized to **RECEIVE** information (to):

Patient Information is needed for:

- ☐ To assist in the provision of services, care, and treatment of the individual
- ☐ At the request of the individual.
- ☐ Other:_____

Documents to be release or accessed:

- ☐ Office Visit Notes
- ☐ EKGs
- ☐ Echocardiogram
- ☐ Stress Tests
- ☐ Other:_____
- ☐ Holters/Event Monitors
- ☐ Pacemaker
- ☐ Loop Recorder
- ☐ Ablation
- ☐ CABG
- ☐ Stent Implantation
- ☐ Cardiac Catheterization
- ☐ Entire Record (standard 2 years)

I authorize the above information to be disclosed. I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. I have a right to revoke this authorization by doing so in writing and mailing to the above address. Such revocation will be effective to the extent that action has not been taken in reliance on the authorization or, if the authorization was disclosed as a condition of obtaining insurance coverage, only to the extent that other law provides the insurer with the right to contest a claim under the policy. The information used or disclosed under the authorization may be subject to redisclosure by the recipient and may no longer be protected by the regulations that protect individually identifiable health information from use or disclosure by healthcare providers. I understand I may inspect and/or copy the signed disclosure of the Protected Health Information form.

_____ _____
Signature of Patient or Legally Authorized Representative Date

_____ _____
Relationship to Patient Witness