



DALLAS
CARDIOVASCULAR
SPECIALISTS

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McKinney, Texas 75069
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**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
TO DALLAS CARDIOVASCULAR SPECIALISTS**

FACILITY/DOCTOR RECORDS REQUESTED FROM: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY: _____

I hereby authorize the release of any protected health information from my medical record which Dallas Cardiovascular Specialists deems necessary for my cardiology care. I understand the information disclosed may contain information on testing, diagnosis, and/or treatment for HIV, AIDS, sexually transmitted diseases, psychiatric disorder/mental health, or drug and/or alcohol use. I understand that this authorization is voluntary and I may refuse to sign this authorization. I understand that my receiving treatment with Dallas Cardiovascular Specialists will not be affected by my refusal to sign this form.

Information to be released:

- | | | |
|---|---|---|
| <input type="checkbox"/> History/Physical | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Operative Report | <input type="checkbox"/> Cardiac Cath. Report |
| <input type="checkbox"/> Treadmill Tests | <input type="checkbox"/> EKG/ECG | <input type="checkbox"/> Holter/Event Monitor |
| <input type="checkbox"/> Lab Reports | <input type="checkbox"/> Chest X-rays | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Nuclear Scans | <input type="checkbox"/> Vascular Reports |
| <input type="checkbox"/> Polysomnograms | <input type="checkbox"/> Electrophysiology Procedures | |
| <input type="checkbox"/> Other(Specify) _____ | | |

Specific Date of Service: _____

*Note: If no date of service is indicated, the request is for the most current information available.

This authorization does not expire. It may be revoked, but not retroactively on records already released in good faith.

Signature of patient

Date

Parent/Legal Guardian/Legal Representative

Witness Signature