

Authorization to Release or Obtain Protected Health Information <i>PLEASE PRINT</i>		MRN#
Patient Name: (Last) _____ (First) _____		
Phone: _____	Maiden/Other Name: _____	
Date of Birth: _____	Social Sec. No. _____	
Address: _____		
City: _____	State: _____	Zip: _____
I authorize Gainesville Heart & Vascular Group to release information contained in my medical records to the following healthcare person or institution indicated below:		INFORMATION TO BE RELEASED INDICATE DATES IF KNOWN:
Institution or Requestor: _____		Pertinent Medical Data: _____
Attention to: _____		History & Physical Report: _____
Address: _____		Consultation Report: _____
City _____	State _____	Zip _____
Phone _____		Operative Report: _____
I authorize the following institution to release protected health information contained in my medical record to Gainesville Heart & Vascular Group		Lab Report: _____
		Pathology Report: _____
		Discharge Summary: _____
Institution or Requestor: _____		Emergency Room: _____
Phone: _____		Other: _____
REASON FOR DISCLOSURE: Check or Circle		Check or circle one if you want this information released:
Continuation of Care: _____		Alcohol/Drug Abuse: _____
Medical Consultation: _____		Mental Health: _____
Attorney Inquire: _____		HIV/AIDS: _____
Social Security: _____		
Worker's Comp: _____		Anticipated completion date: _____
Insurance Claim: _____		30 Days
Employer Request: _____		60 Days
Other: _____		90 Days
This authorization to disclose information may be revoked by the patient at any time except to the extent that action has been taken in reliance thereon by sending a written revocation to the Compliance Officer of Gainesville Heart & Vascular Group at 535 Jesse Jewell Parkway Suite C Gainesville, GA 30501. This authorization expires 60 days from the date of signature.		
Signature of Patient: _____		Date: _____
Signature of Parent or Guardian: _____		Date: _____
Witness to Signature: _____		Date: _____
Approved: _____	Denied: _____	Reason: _____ Date: _____
Identification verified by: Photo ID: _____		SS Card: _____
Driver's License: _____		Other: _____

