

Cardiology Consultants of Houston, PLLC

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RELEASE OF RECORDS AUTHORIZATION

I hereby authorize _____ to release health records information on:

Name of Clinic/Doctor with Records

Patient:	Date of Birth:
Address:	Social Security #:
City: State: Zip:	Telephone Number:

for healthcare covering the period(s) from: _____ to _____.

I authorize this information to be released to:

Physician/Facility:	
Address:	Telephone Number:
City: State: Zip:	Fax Number:

REASON FOR RELEASE OF INFORMATION (check all appropriate boxes):

- Medical Care Specialist Consultation Personal File
 Transfer of Care Moving Out of Area Insurance
 Other: _____

I understand that if I request copies of records for myself, or a member of my family, a review of this information with my physician or other healthcare provider is encouraged. I understand that if the physician does not feel it is in my best interest, I may designate another healthcare provider to receive these records. I accept responsibility for these copies and information contained herein.

INFORMATION TO BE DISCLOSED (check the appropriate box):

- Complete Health Records Consultations Laboratory Tests
 History & Physical Exam Progress Notes Billing Records
 Other: _____

I understand this material may contain information relating to: Acquired Immunodeficiency Syndrome (AIDS) infection with HIC (Human Immunodeficiency Virus), Mental Health, Alcohol and/or Drug Abuse, Family History, Social History

REVOCAION: I UNDERSTAND THAT THIS AUTHORIZATION MAY BE REVOKED IN WRITING AT ANY TIME, EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE ON THIS AUTHORIZATION FOR THE PURPOSES STATED ABOVE.

UNLESS OTHERWISE INDICATED, THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED IN WRITING. THE PHYSICIAN AND EMPLOYEES ARE RELEASED FROM ANY LEGAL REQONSIBILITY OR LIABILITY FOR DISCLOSURE OF THE ABOVE INFORMATION TO THE EXTENT INDICATED AND AUTHORIZED HEREIN.

I understand there may be a fee for preparing and furnishing this information.

Signature of Patient or Legal Representation

Relationship to Patient

Date