

Cardiology Services of East Texas

Authorization to Obtain Protected Health Information

Patient Name: _____ **Date of Birth:** _____

Social Security#: _____ **Phone#:** _____

I hereby authorize CARDIOLOGY SERVICES OF EAST TEXAS to **OBTAIN** specified health information from the following:
(list any applicable) Please fax to (903) 597-2238.

Reason for Release: Patient Care Insurance Legal Other _____

Cardiologist: _____ Hosp/ER: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Date of Service: _____ Date of Service: _____

Complete Records **OR** Complete Records **OR**

Specific Records _____ Specific Records _____

Testing Facility: _____ Other Dr/Facility: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Date of Service: _____ Date of Service: _____

Complete Records **OR** Complete Records **OR**

Specific Records _____ Specific Records _____

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE AS SOON AS POSSIBLE, PRIOR TO YOUR APPOINTMENT, SO WE MAY OBTAIN YOUR RECORDS

I understand that this information may include information relating to specific laboratory tests of HIV infection (Human immunodeficiency Virus, the causative agent of AIDS), the diagnosis of Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions, treatment of drug or alcohol abuse, mental behavioral health, or psychiatric care (excluding psychotherapy notes).

This authorization is given freely with the understanding that:

- a) I may revoke this authorization at any time, except where information has been released.
- b) The revocation must be in writing.
- c) A photocopy or fax of this authorization is as valid as the original.
- d) Information obtained pursuant to this authorization may be subject to re-disclosure by the recipient and is no longer protected.

Signature of Patient

Signature of Patient's Representative

Patient's printed name

Representative's printed name

Date

Date

This authorization will expire 365 days from the date signed unless otherwise specified: _____

