Cardiovascular Diseases
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Cardiac Electrophysiology
Vuy H. Li, M.D.

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION TO FAMILY AND/OR FRIENDS

Release requested by:____________________ Heartland Cardiology Treating Physician:____________________

Please print the following:
Patient:____ Date of Birth:________________

Address:________________________________ City_________________ State:____ Zip:_________ Phone:_______________

I hereby authorize Heartland Cardiology, P.A. to provide my health information to the following family and/or friends for the purposes of coordinating my care and treatment.

Name/Organization/:____ Relationship to Patient_________________

Address: ____

City:______________________________ State:________ Zip:______

Telephone:_________________________

Name/Organization/:____ Relationship to Patient_________________

Address: ____

City:______________________________ State:________ Zip:______

Telephone:_________________________

Name/Organization/:____ Relationship to Patient_________________

Address: ____

City:______________________________ State:________ Zip:______

Telephone:_________________________

****Do you have a Power of Attorney that governs coordination of medical care/payment ___ Yes ___No**
Copy of the Power of Attorney provided on ______________________(date)

I understand that this authorization may be revoked at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise specified this authorization remains in effect for 12 months from date of signature or as stated here____ (specify alternate date, event or condition)

I hereby release you and your personnel from all legal responsibility of liability that may arise from the act I have authorized above. Heartland Cardiology, P.A. is not responsible for completeness, legibility or omittance caused by the copying of any medical records from another institution.

_________________________________ ____
Signature of Patient Date Signature of Parent/Legal Guardian Date

_________________________________ ____
Witness Printed Name of Parent/Legal Guardian - Relationship