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



Ravi K. Bajaj, M.D. Husam Bakdash, M.D. Charles Beck, M.D. Venkata Boppana, M.D. Zaher Fanari, M.D. Hussam Farhoud, M.D. Shilpa Kshatriya, M.D. Abid K. Mallick, M.D. Wassim Shaheen, M.D. Ghiyath Tabbal, M.D. Peeyush Grover, M.D.

Assem Z. Farhat, M.D. Saad Z. Farhat, M.D.

Mid-Level Providers: Erica Combs, APRN-BC; Jennifer Neel, APRN-BC; Ayman Hamad, APRN-BC; Kathy Nunez, PA-C; Nancy Roop, APRN-BC; Meklit Zetawos, PA-C; Jane Armstrong, PA-C; Darine Jamaleddine, APRN-BC; Lisa Gorges, APRN-BC; Mary Anne Warden, APRN-BC; Mary Medina, APRN-BC; Jessica Glaser, APRN-BC

Please print the following information:

Date of Birth:	
Phone #:	
Other Name:	

I hereby authorize Heartland Cardiology to provide my health information to the following individuals for the purposes of coordinating my treatment and care:

Name:	Relationship to Patient:
Phone #:	
Name:	Relationship to Patient:
Phone #:	
Name:	Relationship to Patient:
Phone #:	
Name:	Relationship to Patient:
Phone #:	

\*\*Do you have a Durable Power of Attorney that governs coordination of medical care/payment? Yes No If so, copy of Durable Power of Attorney provided to Heartland Cardiology on \_\_\_\_\_\_(date)

I understand that this authorization may be revoked at any time, except to the extent that action has been taken in accordance with this authorization. Unless otherwise specified, this authorization remains in effect until it is revoked. I hereby release Heartland Cardiology and its personnel from all legal responsibility that may arise from the act I have authorized above. Heartland Cardiology is not responsible for completeness, legibility or omission caused by the copying of any medical records from another institution.

Signature of Patient	Date	Signature of Parent/Legal Guard	lian Da	ate
Printed Name of Parent/Legal Guardian		Relationship	aff Initials:	v. 10/20