1960 W Frye Rd., Ste 5
Chandler, AZ 85224
Ph (480) 917-5900
Fax(480) 917-2255

1968 N. Peart Rd, Bldg B, Ste 4
Casa Grande, AZ 85122
Ph (520) 836-6661
Fax(520) 836-6663

Request for Release of Medical Records

Patient Information

____ ________________
Last Name, First Name, Middle Initial DOB

____ ________________________________ _______
Street Address City State Zip

____
Phone number

I hereby authorize the release of my medical records as indicated below:

☐ Get records from ☐ Release records to	☐ Get records from ☐ Release records to **Cedars Heart Clinic, LLC** **1960 W Frye Rd, Ste 5** **Chandler, AZ 85224** **Ph (480) 917-5900** **Fax (480) 917-2255**

Medical Records shall include all confidential, Aids, Communicable Disease, HIV-related information, confidential alcohol or drug-related information, mental health diagnosis/treatment information. Release the following described medical records only (specify type and dates):

□ ALL ____

□ Specify other: ____

Reason for Release

☐ Changing Doctor ☐ Consult/2nd Opinion ☐ Continuity of Care ☐ Moving ☐ New Insurance Plan
☐ Other: ________________

This consent will expire ninety (90) days after the date signed below. I may revoke this authorization at any time providing I notify Cedars Heart Clinic, in writing to that effect. I understand that any release which was made prior to my revocation is in compliance with this authorization and shall not constitute breach of my rights to confidentiality. I understand that a photocopy of this authorization is considered acceptable in lieu of the original. I hereby release CEDARS HEART CLINIC FROM ALL LEGAL RESPONSIBILITY OR LIABILITY THAT MAY ARISE FROM THE ACT I HAVE AUTHORIZED ABOVE.

____ ______________________________
Patient Signature Date

____ ______________________ ____________
Patient Legally Authorized Representative Relationship Date

CONFIDENTIAL: This information is protected by Federal Regulation (42 CFR, Part 2), which prohibits any further disclosure without the specific written consent of the person to whom it pertains. IF THIS INFORMATION REACHES YOU IN ERROR, PLEASE DESTROY IMMEDIATELY!