

# AUTHORIZATION TO OBTAIN OR RELEASE OF MEDICAL RECORDS FROM MEDICAL PROVIDERS

I hereby authorize NORTHWEST HEART CENTER ("the Practice") to obtain any and all medical records concerning my care from any physician, hospital or other health care professional that has provided medical care to me in the past.

I also authorize the Practice to release any and all medical records concerning my care to any physician, hospital or other health care professional providing care to me at any time. Additionally, I authorize the Practice to release any and all medical records concerning my care to Medicare, Medicaid, any insurance company, third party administrator, or managed care company.

*X* \_\_\_\_\_  
*Patient Signature*

*X* \_\_\_\_\_  
*Date*

*X* \_\_\_\_\_  
*Printed Name*

*X* \_\_\_\_\_  
*Date of Birth*

## AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS/FAMILY MEMBERS

In accordance with Federal government privacy rules implemented through the Healthcare Portability Act of 1996 (HIPAA), in order for your physician or staff of the Practice to discuss your condition with members of your family or other individuals that you designate, we must obtain your authorization prior to doing so. In the event of a critical episode or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

\_\_\_\_\_ I do not authorize the Practice to release any or all information concerning my medical care to any individual except as set forth above.

\_\_\_\_\_ I authorize the Practice to verbally release any or all information concerning my medical care to the following individuals:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship to Patient*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship to Patient*

*X* \_\_\_\_\_  
*Patient Signature*

*X* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*

I understand that I am entitled to a copy of a "Notice of Privacy Practices".

*X* \_\_\_\_\_  
*Signature*

*X* \_\_\_\_\_  
*Date*