Authorization/Release for Protected Health Information (PHI)

INDEPENDENT CARDIOLOGY ASSOCIATES

Patient Legal Name (First & Last) Date of Birth SSN#

Address Apt# City State Zip Code

Phone Number Email

I hereby authorize the following facility to disclose Protected Health Information of the Patient listed above:

From:
Name/Title_____
Address _____
_____
Phone # _____
Fax # _____

To:
Name/Title_____
Address _____
_____
Phone # _____
Fax # _____

Reason to Release Protected Health Information

Type of Access Requested Specific Date Range Requested _____
□ Copies of Records □ Entire Record □ Lab □ Progress Notes
□ Inspection of the record □ Pertinent info only □ Imaging/Radiology □ Physicians orders□ ER Records □ Cardiac Studies □ Billing
□ History & Physical □ Demographics □ Immunizations□ Consult Report □ Nursing Notes □ Other
□ Operative Report □ Medication Record □ Rehabilitation Services

Expiration: This authorization shall expire upon (check one):
□ Fulfillment of this request
□ Date _____

I acknowledge, and hereby consent to such, that the released information my contain alcohol, drug abuse, psychiatric, HIV results or AIDS information. I understand that this authorization may be revoked by me any time except to the extent that action has been taken in reliance upon it. The information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected. I understand that there may be a fee involved with the fulfillment of this request. **See fee schedule below.**
I understand that the term Complete Chart for release of Protected Health Information mean that **only records generated by this facility will be released.**
I have read the above and authorize the disclosure of the protected health information.
For closed clinics there will always be a fee for copying of records.

Signature of Patient/Parent/Legal Guardian:

_____ Date_____

Fee Schedule
Fees for duplication of Protected Health Information (PHI) are governed by the Texas Administrative Code, Title 22, Part 9, Chapter 165, Rule §165.2. which states the patient shall pay for the reasonable cost of obtaining a copy of medical records.