Release of Confidential Information TO:

Pasco Cardiology Center, Inc.

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14153Yosemite Dr. #202, Hudson, FL 34667
727-868-5404

3633 Little Rd. #102, Trinity, FL 34655
727-372-5952

FAX FOR BOTH LOCATIONS: 727-863-1787

Patient's Name: (print)_____**Date of Birth** : _____

I authorize _____Fax:_____
(Person/Company Releasing Records)
to release my Medical Records, Requested Medical information, including: Phone:_____

_____Office Notes, Lab work, Testing and X-rays
_____Information of psychological, psychiatric, alcohol or drug related nature
_____HIV Antibody test results, and AIDS records
_____Other _____

The information will be used for the following purpose/s:

Continued Medical Care _____ Insurance _____ Legal Follow-up_____
Personal Information _____ Disability _____ Other _____

I hereby authorize the use or disclosure of my individually identifiable health information as described above. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or healthcare provider, the released information may no longer be protected by federal privacy regulations.
I understand that this consent shall be valid for a period of one (1) year from the date of authorization and may be revoked at any time upon written notice, except to the extent that the information has already been released in reliance upon this authorization.

I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do it won't have any effect on any actions they took before they received the revocation.

I further understand that the confidentiality of this information may be protected by Federal Regulations (42CFR, Part ll), prohibiting any further disclosure of this information without specific written authorization of the undersigned, or as otherwise regulated.

_____ _____
Patients Signature Date of Signature

_____ _____
Patient Representative Signature Relationship to Patient

_____ A copy of this authorization shall be as valid as the original.
Witness

Revised 10-11-2022