



### Medical Records Release

**Patient's Name (Print)** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Last four of SS#** \_\_\_\_\_

**(Circle option 1 or 2 and fill out completely or the request cannot be processed)**

- I hereby authorize \_\_\_\_\_ to release any of my medical information including the diagnosis and records of my treatment or examinations to the physicians of Cardiovascular Institute of Northwest Florida.
- I hereby authorize the physicians of **Cardiovascular Institute of Northwest Florida** to release any information including the diagnosis and records of my treatment or examinations to the following facility or individual(s):  
\_\_\_\_\_  
\_\_\_\_\_
- I hereby authorize the physicians of **Cardiovascular Institute of Northwest Florida** to release the form that was filled out from: \_\_\_\_\_ which may or may not include medical records.

Specific information to be released (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Consultation Reports            | <input type="checkbox"/> Discharge & Instructions Summary | <input type="checkbox"/> Operative Reports  |
| <input type="checkbox"/> Medical History & Physical Exam | <input type="checkbox"/> Emergency Department Reports     | <input type="checkbox"/> Laboratory Results |
| <input type="checkbox"/> Physician Orders                | <input type="checkbox"/> EKG Reports                      | <input type="checkbox"/> Radiology Reports  |
| <input type="checkbox"/> Progress Note                   | <input type="checkbox"/> Echo Report/CD                   | <input type="checkbox"/> Cath Report        |
| <input type="checkbox"/> Other, Specify: _____           |   |   |

\_\_\_\_\_ I **Do**, or \_\_\_\_\_ I **Do Not** want HIV, Mental Health & Drug & Alcohol Information released with or as part of this authorization.

**I understand that this authorization is effective for this one time use only.**

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

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

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

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