



6122 W Pierson Rd  
Flushing, MI. 48433  
Unit 1  
(810) 600-3399  
(810) 600-3398 Fax

### PATIENT INFORMATION RELEASE AUTHORIZATION

**I herby authorize Advanced Cardiovascular Clinic to use or disclose my individually identifiable protected health information as described below.** I authorize the release of drug and alcohol records and/or records pertaining to communicable diseases, in accordance with Federal Regulations.

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Requesting records from: ADVANCED CARDIOVASCULAR CLINIC, P.C 6122 W Pierson Rd  
**Flushing, MI. 48433**  
**Unit 1**

Sending records to: \_\_\_\_\_

Description of information that may be used or disclosed:

- |   |   |
|---|---|
| <input type="checkbox"/> History and Physical Exam      | <input type="checkbox"/> Radiology/Laboratory Reports |
| <input type="checkbox"/> Consultations/Progress Reports | <input type="checkbox"/> Pertinent Information        |
| <input type="checkbox"/> Discharge Summary              | <input type="checkbox"/> Complete Health Record       |
| <input type="checkbox"/> Other: _____                   |   |

Purpose of Disclosure: \_\_\_\_\_

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal or state privacy regulations, the information described previously may be re-disclosed and no longer protected by these regulations.

This authorization expires one year from the date in which I, or my legal representative, sign this authorization.

I understand that this authorization is voluntary and that I may revoke the authorization in writing to: Privacy Officer, 6122 W PIERSON RD FLUSHING MI 48433 UNIT 1. This authorization may not be revoked where the Practice has reasonably acted in reliance hereupon.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_

Relationship to patient if not signed by patient: \_\_\_\_\_

Indicate why patient is unable to sign: \_\_\_Minor\_\_\_Ward\_\_\_Deceased\_\_\_Other