

**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

**PLEASE PRINT CLEARLY**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_ SSN (last 4 digits): XXX-XX-\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, you hereby authorize us to use or disclose information about yourself (or another person for whom you have the authority to sign) that is protected under federal law, for the sole purpose and time period described below. You may refuse to sign this authorization.

I authorize: \_\_\_\_\_ to release the below specified protected health information to:

**Cardiology Associates**  
Attn: Pediatric Cardiology  
3715 Dauphin St., Ste 1102  
Mobile, AL 36608  
**Fax Number: 251-432-1059**

**OR**

**To:** \_\_\_\_\_  
Attn: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_  
Fax number: \_\_\_\_\_

Information to be used or disclosed (identified in a specific & meaningful fashion) \_\_\_\_\_

Entire record  Specific information: \_\_\_\_\_

Other \_\_\_\_\_

Information that **may not be** used or disclosed: \_\_\_\_\_

Date(s) of requested information: \_\_\_\_\_ or  Most recent

**Expiration date of this request:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This information about you is protected under federal law, and you have the right to revoke this authorization in writing. Please be advised, however that any revocation will be effective to the extent we have not already taken action in reliance on your authorization. By signing below, you recognize that the protected health information used or disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected under federal law. We will not condition treatment based on your authorization. You may refuse to sign this authorization.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

As a personal representative, I have authority to act for the individual because I am his/her: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Chart #: \_\_\_\_\_ Checked by: \_\_\_\_\_  
Date received: \_\_\_\_\_ Date completed: \_\_\_\_\_ Completed by: \_\_\_\_\_  
Fee: \_\_\_\_\_  Paid  Billed