



**ACADEMIC
CARDIOLOGY
ASSOCIATES**

Martin F. McGough, M.D., F.A.C.C., F.A.S.E. John S. Heath, M.D., F.A.C.C. Phillip L. Kraft, M.D., F.A.C.C.
John A. Sallach, M.D., F.A.C.C., F.A.S.E. Jason Crile, M.D. Courtney Nason AGPCNP-BC Cindy Engle, AGPCNP-BC

1701 South Blvd East Suite 390, Rochester Hills, MI 48307 (248) 293-0055, Fax (248) 293-3348
48801 Romeo Plank Road, Suite 103B, Macomb, MI 48044 (248) 293-0055, Fax (248) 293-3348

Authorization to Release Medical Information

Patient Name: _____ DOB: _____ AGE: _____

I, _____, authorize the release of the following protected health information from:

Academic Cardiology Associates
1701 South Boulevard East, Suite 390
Rochester Hills, MI 48307
Phone: 248/293-0055 Fax: 248/293-3348

To:

Name of Facility/Physician: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

_____ Office Notes _____ Lab Results _____ Cardiac Cath Records

_____ EKG's _____ Radiology Reports _____ other Cardiac Testing

_____ Other: _____

I understand that:

- By signing this form, I am authorizing the use or disclosure of protected health information as indicated above.
- I may refuse to sign this authorization, which will not affect my treatment or payment for health care.
- I may revoke this authorization at a time before the information I have requested is released by providing written notice of revocation as specified in the Notice of Privacy Practices.

- If the receiving party is not subject to medical records privacy laws, the information may be re-disclosed by the recipient and may no longer be protected by federal or state law. Academic Cardiology Associates shall not be held liable for any consequences resulting from re-disclosure.
- If the information to be released contains any information about HIV/AIDS an additional HIPPA release of medical information form will be requested.
- Alcohol or substance abuse, mental health or psychiatry notes may have additional compliance requirements that must be met before the information can be released.
- A copy of this form will be provided to me.
- Academic Cardiology Associates may charge an administrative fee to cover the cost of labor, copying, and postage. Academic Cardiology Associates follows the guidelines found in The Medical Records Access Act, Public Act 47 of 2004, MCL section 333.26269 (the Act). Academic Cardiology will inform me of any charges and arrange for payment.

Patient/Representative Signature

Date

If the patient listed is a minor or the patient is unable to sign, then a parent, legal guardian, or personal representative may sign on behalf of this patient. Please sign above and complete the following:

Print Name

Relationship to patient