

## EAST ATLANTA CARDIOLOGY

5447 Dividend Dr., Lithonia, GA 30058

770-322-8881/770-322-8886 (fax)

### Authorization for the Release of Medical Records

I \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_, hereby authorize the release of all medical records to East Atlanta Cardiology. I have been provided a copy of East Atlanta Cardiology's Notice of Privacy Practices and have discussed any concerns I have about the use, release, disclosure of my health information with the appropriate personnel. I understand that East Atlanta Cardiology assumes no responsibility for the use of misuse by others of my health information disclosed under this authorization. I release East Atlanta Cardiology from all legal liability that may arise from the authorization.

I hereby authorize the following information to be sent to East Atlanta Cardiology:

	Most Recent	Past Two	All
H&P	_____	_____	_____
Last Visit	_____	_____	_____
EKG	_____	_____	_____
Echo	_____	_____	_____
Stress Test	_____	_____	_____
Labs	_____	_____	_____
Caths	_____	_____	_____

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

Signature other than Patient \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_