



NORTH PHOENIX HEART CENTER
THE VALLEY'S PREMIERE CARDIOLOGY GROUP

9250 N. 3rd St., STE 3010
PHOENIX, AZ 85020
(602) 861-1168
FAX: (602) 678-6700

16222 N. 59th Ave., Ste B145
Glendale, AZ 85306
(602) 978-1121
FAX: (602) 978-6970

18404 N. Tatum Blvd Ste 201
Phoenix, AZ 85032
(602) 867-7217
FAX: (602) 867-8060

9305 W. Thomas Rd., Ste 370
Phoenix, AZ 85037
(623) 298-5220
FAX: (623) 535-1211

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

Authorization

:

- All my health information including, but not limited to, AIDS/HIV and other communicable disease information, behavioral health care/psychiatric care, alcohol and/or drug abuse treatment, if any, unless specifically excepted: _____
- My health information relating to the following treatment or condition: _____
- My health information for the date(s): _____
- All psychotherapy notes unless specifically excepted: _____
- Other: _____

NOTE: ONLY RECORDS FROM NORTH PHOENIX HEART CENTER MAY BE RELEASED

North Phoenix Heart Center may release this information to:

Name (or title) and Organization _____

Address _____

City _____ State _____ Zip _____

Reason(s) for this authorization (check all that apply):

- At my request
- Other (specify) _____

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire six months from the date signed.

North Phoenix Heart Center, P.C., its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signed: _____

Signature of Patient/Legal Representative/Responsible Party

Date

Signature of Witness

Date