



Foothill Cardiology/California Heart Medical Group, Inc.

Diplomates, American Boards of Internal Medicine, Cardiovascular Diseases

(Outside Request)

AUTHORIZATION FOR RELEASE AND / OR DISCLOSURE OF MEDICAL INFORMATION

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with the Confidentiality of Medical Information Act of 1981, Civil Code Section 56 *et seq.*, concerning the privacy of such information.

Please REQUEST Medical Information FROM:

Please RELEASE Medical Information TO:

Name of Health Care Provider

FOOTHILL CARDIOLOGY / CA HEART

Name of Person or Entity to Receive Information

Medical Office/Hospital

Foothill Cardiology Physician's Name

Street Address

Arcadia

301 W. Huntington Dr.
Suite 301

Arcadia, CA 91007
Tel: 626.254.0074
Fax: 626.254.0079

Covina

315 N. 3rd Ave.
Suite 207

Covina, CA 91723
Tel: 626.915.4700
Fax: 626.214.7814

Pasadena

625 S. Fair Oaks Ave.
Suite 215

Pasadena, CA 91105
Tel: 626.793.4139
Fax: 626.793.4324

City, State and Zip Code Fax #

SPECIFY RECORDS TO BE RELEASED AND / OR DISCLOSED:

- All Medical Records (*from* _____ *to* _____)
- Hospital Records (*from* _____ *to* _____) Hospital Name: _____
- Laboratory Results
- Other (specify): _____

I request that the health information release and / or disclosed pursuant to this authorization be used for the following purposes only: _____

I, hereby authorize FOOTHILL CARDIOLOGY / CALIFORNIA HEART MEDICAL GROUP to obtain and/or disclose the medical information as indicated below to the health care provider, entity, or person I have indicated above.

Print Patient's Name

Patient's Signature

Date

Date of Birth

Social Security Number

If signed by someone other than the patient, state relationship and authority to do so.

Representative's Printed Name

Representative's Signature

Relationship

Date

Patient is:

- Minor
- Incompetent/Incapacitated
- Deceased

Legal Authority

- Legal Guardian
- Parent or Minor
- Personal Representative of Deceased

A copy of this Authorization is valid as an original