

Brazosport Cardiology

215 Oak Drive South, Suite L.
Lake Jackson, Texas 77566

979-297-5481

979-297-1924 fax

Consent For Release of Information

****MAIL RECORDS IF MORE THAN 25 PAGES****

Patient Name: _____ DOB: ___/___/___

Patient Address: _____

Patient Phone: _____ SSN: ___-___-_____

I hereby freely and voluntarily authorize the following provider/facility:

Name: _____

Address: _____

Phone: _____ Fax: _____

Covering The Time Period from: ___/___/___ TO ___/___/___

to release the following information from the health records of the above named patient to Brazosport Cardiology for the purpose of continuation of care. (check below)

___ Complete Health Record

___ Specified Information from health record: _____

___ Specific Imaging CD: _____

I understand this consent can be REVOKED at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent. This consent will expire one year from the date signed below unless otherwise specified. I understand that I may revoke this consent at any time. It must be revoked in writing, addressed, and sent to Brazosport Cardiology. The facility, its employees, officers and attending physician are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized for.

Signed: _____ Date: ___/___/___

Witness: _____ Date: ___/___/___