CARDIACARE SERVICES, P.A.
YOUR HEART'S IN GOOD HANDS

SHIVANAND S. KARKAL, MD
Clinical & Interventional Cardiology

1850 Lee Rd., Ste. 200 • Winter Park, FL 32789

1507 S. Hiawassee Rd., Ste. 109 • Orlando, FL 32835

FAX: 407-294-0445 **PHONE: 407-644-5544**

CONFIDENTIAL

Authorization for release of Patient Health Information

Date of Request: _____

Patient Name: _____

Signature: _____
(Patient or Legal Guardian)

Date of Birth: _____ **SSN #:** _____

Phone Number: _____

- ❑ Echo
- ❑ Stress Test
- ❑ Cath Report
- ❑ Discharge Summary
- ❑ Chest X-ray/ CT/ MRI
- ❑ Other _____

I herby authorize CardiaCare Services, P.A. to:

RELEASE/ OBTAIN

(Circle only one)

The protected health information regarding the above-named person to/from:

Person/Institution _____

Address _____
City State Zip

Phone _____ Fax _____

I understand that my records are protected under Federal Confidentiality Regulations and cannot be disclosed without my written authorization unless otherwise provided for in the regulations.