



Cardiac Surgical Associates

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Today's Date: _____

Patient Authorization to Release or Discuss Patient Protected Health Information with other Individuals

By Federal Law, Cardiac Surgical Associates must obtain your authorization to release or discuss your Protected Health Information (medical condition or test results). For example, your spouse, children, parents, family, friends or caregivers.

The exceptions to requiring your authorization is for treatment, payment and healthcare authorizations.

I, _____, the patient, authorize Cardiac Surgical Associates to release and discuss my medical Protected Health Information (PHI) with the following persons, or organizations.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

- By law this authorization is good for 90 days (3 months) from the time I sign this authorization
- This authorization is revocable at any time in writing by the patient or Cardiac Surgical Associates
- If after 90 days (3 months) the patient or Cardiac Surgical Associates has not revoked the authorization, it will continue to rollover as your authorization for another 9 months
- After a total of one (1) year, this authorization will terminate and you will be required to complete a new authorization.

I have read, understand and identified individuals or organizations I authorize Cardiac Surgical Associates to release and or discuss my Protected Health Information (PHI).

Patient Signature _____ Date: _____