



# EAST ATLANTA CARDIOLOGY

5255 Snapfinger Park Drive  
Suite # 130  
Decatur, GA 30035

PHONE (770) 322-8881  
FAX (770) 322-8886  
WEB eastatlantacardiology.com

## Authorization for the Release of Medical Records

I \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ hereby authorize the release of all medical records to East Atlanta Cardiology. I have been provided a copy of East Atlanta Cardiology's Notice of Privacy Practices and have discussed any concerns I have about the use, release, disclosure of my health information with appropriate office personnel. I understand that East Atlanta Cardiology assumes no responsibility for the use of misuse by others of my health information disclosed under this authorization. I release East Atlanta Cardiology from all legal liability that may arise from this authorization. This authorization expires on \_\_\_/\_\_\_/\_\_\_.

I authorize the following information to be sent to East Atlanta Cardiology: (Please check those that apply)

H&P \_\_\_\_\_

Last Visit \_\_\_\_\_

EKG \_\_\_\_\_

Echo \_\_\_\_\_

Stress Test \_\_\_\_\_

Labs \_\_\_\_\_

Cardiac Catheterization \_\_\_\_\_

Surgical Reports \_\_\_\_\_

All Medical Records \_\_\_\_\_

Patient's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signature of Family or Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Relationship to patient \_\_\_\_\_