



CARDIOVASCULAR CARE, P.A.

AUTHORIZATION TO SHARE MEDICAL INFORMATION

cardiovascularcareks.com

Patient name: _____ Date of birth: _____

HEALTHCARE PROVIDERS AUTHORIZED TO RECEIVE INFORMATION

I authorize Cardiovascular Care, P.A. to send relevant medical information to the primary care provider and specialists listed below for coordination of my healthcare.

Primary care provider (PCP)

Name / practice: _____

Phone: _____ Fax / secure contact: _____

Specialist / practice 1

Name / practice: _____

Phone: _____ Fax / secure contact: _____

Specialist / practice 2

Name / practice: _____

Phone: _____ Fax / secure contact: _____

INFORMATION THAT MAY BE SHARED

- ☐ Office visit notes and care plans ☐ Cardiac test results / imaging reports
- ☐ Medication changes / treatment recommendations ☐ Referral and consultation records
- ☐ Other (specify): _____

PURPOSE AND AUTHORIZATION

Purpose: Coordination of care and communication with my treating healthcare providers.

This authorization expires (check one): ☐ One year after signature ☐ On this date: _____

I understand that signing this form is voluntary and that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on signing it, except as permitted by law. I may revoke this authorization at any time by submitting a written request to Cardiovascular Care, P.A.; revocation will not affect disclosures already made in reliance on it. Information disclosed under this authorization may be redisclosed by the recipient and may no longer be protected by HIPAA, although other laws may apply.

This form does not replace any separate authorization required for specially protected information (for example, certain substance-use treatment records).

PATIENT / LEGAL REPRESENTATIVE SIGNATURE

Signature: _____ Date: _____

Printed name: _____

If representative: Relationship / authority: _____

Note: HIPAA generally permits sharing health information with treating providers without patient authorization. This form documents the patient's requested recipients and preferences; it is not required for routine treatment-related sharing.