

Patient Information

For:

Phoenix Heart Authorization form

PHOENIX HEART PLLC
4425 W. Olive Ave.
Glendale, Arizona 85302

13677 W. McDowell Rd
Goodyear, Arizona 85338

Phone: 623-930-6000
FAX: 623-930-6060

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient's Name _____ Date of Birth : _____

Social Security: _____

I request and authorize PHOENIX HEART PLLC to release health care information of the patient named above to:

Name: _____

Address: _____

City : _____

State : _____ **Phone:** _____

This request and authorization applies to :

Health care information relating to the following treatment, conditions, dates _____

All Health care information

Other _____

Please be advised: Any health care record can contain personal and/or private information you may not want divulged such as STD results (sexually transmitted disease). HIV/AIDS testing, whether negative or positive, requires a separate form. This information may be directly generated by Phoenix Heart doctors as part of your care or it may be indirectly generated by requesting records from other treating doctors. All medical, information contained in a patients chart is necessary for complete and accurate treatment of your condition and will be released to the person(s) named above unless it is specifically stated only certain information may be releases.

YES NO I grant permission to leave test results or messages on my answering machine at
home, at work ,other number _____

YES NO I authorize the release of any records regarding drug, alcohol or mental health
treatment to the person(s) listed above

Patient Signature: _____ Date signed: _____

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I understand information will be released to only the person listed above.

THIS AUTHORIZATION EXPIRES ONE YEAR AFTER IT IS SIGNED