Jamal J. Ahmed, MD, FACC    Traian M. Anghel, MD, FACC    Mohamed Khalid Munshi, MD

Heart Group of Syracuse
6700 Kirkville Rd Suite 203
East Syracuse, NY 13057
Office: 315-277-2707
Fax: 315-750-3044

Authorization for Release of Information to Heart Group of Syracuse

Name of Patient: ________________________________ Date of Birth: __________________

Provider to release records: _____________________________________________________

Providers Address: _______________________________________________________________

Phone: __________________________ Fax: ________________________________________

Please release, at my request, the following information:

___All medical records    ___History and Physical Exams    ___Hospital Discharge Records

___ER Visit Notes    ___Lab/Pathology Reports.    ___Hospital Records

___EKG and monitor data    ___Radiology Reports and Images    ___Operative Notes

___Specialty Consultations    ___Procedural Notes (EP Procedures)    ___Other

Special Statute and Confidential Information Pertaining To:

___Drug/Alcohol Abuse Diagnoses and Treatments (please initial): _______

___Mental Health Diagnoses and Treatments (please initial): _______

___HIV/Aids Diagnosis and Treatments (please initial): _______

The Information requested is necessary for adequate provision of medical care and/or

______________________________________________________________________________

**"By signing below I declare that I understand that I may revoke this authorization, in writing, at any time, with limitation in the extent to which action has been already taken in reliance upon my previous authorization."**

**Such request much be submitted to Heart Group of Syracuse, 6700 Kirkville, Suite 203, East Syracuse, NY 13057. This authorization is valid for one year from today unless you hereby indicate that it should expire on __________________.**

Signature (Patient/Legal Representative):_____________________________________________

Print name and relationship to Patient: _______________________________________________

Signature (Witness):__________________________ Date:______________________________