



Authorization For Use or Disclosure of Medical Record Information

Medical Record #:

27901 Woodward Ave, Suite 300
Berkley, MI 48072
Phone: (248) 545-0070
Fax: (248) 545-4850
Fax: (248)837-2485

1949 W. 12 Mile Rd, Suite 200
Berkley, MI 48072

44344 Dequindre Rd, Suite 560
Sterling Heights, MI 48314
Phone: (586) 731-6777
Fax: (586)731-0299

Patient Information

Patient Full Name: _____ Date of Birth: _____
Patient Address: _____ Home Phone: _____
City: _____ State _____ Zip: _____ Work Phone: _____

Release of Information

I hereby authorize Northpointe Heart Center to release or obtain my medical information:

Mail Copies To Hold for Patient Pick-up

Name/Facility: _____ Attention: _____
Address: _____ Phone: _____
City: _____ State _____ Zip: _____ Fax: _____

Copy Fee: We reserve the right to charge a reasonable fee for the cost of producing and mailing records for patients who need their records for personal or continuing care. Effective July 1, 2006 there will be a \$5.00 fee for all records (up to 2 years worth) requested. Records requested beyond 2 years will be charged a \$15.00 fee.

Information to be released. **DO NOT LEAVE BLANK.** Please check appropriately.

Most recent office notes/letters _____
Most recent cardiac testing _____
Most recent Lab results _____
Last 2 years worth of records _____
Other _____

You must complete this section to insure timely processing of your record request.



Sign Here →

Date Here →

Patient's Signature **Date***

Parent/Legally Recognized Representative Signature** **Date***

Witness **Date**

Know Your Privacy Right
refer to the HIPAA

*This Authorization is valid for 90 days (30 days for alcohol/drug abuse treatment) unless you specify other wise. You may revoke this Authorization at any time by providing a written statement to the Health Information Management Department, except to the extent that Northpointe has already completed action on it.

** By my signature, I attest that I am the legally recognized representative of the above mentioned patient in accordance with the law.

The information release pursuant to this Authorization may be redisclosed by the receiving institution or individual to other individuals or organizations that are not subject to privacy protection laws.