**MEDICAL RECORDS RELEASE FORM**

To:

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pt Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_

Fax #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pt. MCA Acct #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Portions of Record Needed-----Check Applicable Sections**

􀀀 Discharge Summary **FAX REQUESTED RECORDS TO 334-280-1600**

􀀀 History & Physical **ATTN: MEDICAL RECORDS**

􀀀 Operative Rpt

􀀀 ER Record

􀀀 Stress Test Rpt

􀀀 Chest X-Ray

􀀀 Echo Report

􀀀 EKG/Stress Strips

􀀀 Holter/Event Monitor

􀀀 Lab Work

􀀀 Physician’s Progress Notes

􀀀 Physician’s Orders

􀀀 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment Dates requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Information about you is protected under federal law and you have the right to revoke this Authorization

Except to the extent that we have taken action in reliance on your Authorization. Please contact the MCA

Medical Records Department for an “Authorization Revocation” form if one is needed. By signing below,

You recognize that the protected health information used or disclosed pursuant to this Authorization may

Be subject to re‐disclosure by the recipient and May no longer be protected under federal law.

**Expiration:** Unless otherwise, revoked, this authorization will expire on the following date, event, or condition: If I do not specify an expiration date, event, or condition, this authorization will not expire. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Patient’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

As a Personal Representative, I have authority to act for the individual because I am: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

***FOR MCA USE ONLY:***

􀀀 RELEASE HAS ALREADY BEEN FAXED TO PHYSICIAN LISTED ABOVE

􀀀 RELEASE NEEDS TO BE FAXED TO PHYSICIAN LISTED ABOVE

􀀀 RELEASE NEEDS TO BE SCANNED TO PT CHART

273 Winton M Blount Loop P. O. Box 241587 Montgomery, Alabama 36124-2398

Phone (334) 280-1500 Fax (334) 280-1600

www.mcva.com

**MONTGOMERY CARDIOVASCULAR ASSOCIATES, P.C.**

H Forrest Flemming, MD R Eric Crum, MD Tamjeed Arshad, MD

David N George, MD Beverly A Stoudemire-Howlett, MD Iliana Arellano, MD

Paul B Moore, MD Darryl A Hamilton, MD M Todd Miller, MD

Wynne Crawford, MD Jose L Escobar, MD