

KSC Cardiology, P.A.

We manage the world of Cardiovascular Disease



Medical Records Release Form

Please fax records to KSC Cardiology at (863) 299-6158.

Patient Name: _____ **Date of Birth:** _____

Social Security No: _____ **Phone:** _____

The information you may release subject to this signed release form is as follows:

- | | | |
|---|---|--|
| <input type="checkbox"/> Complete Records | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Care Plan | <input type="checkbox"/> Lab Reports | <input type="checkbox"/> Radiology Reports |
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> Treatment Record | <input type="checkbox"/> Operative Reports |
| <input type="checkbox"/> Hospital Records | <input type="checkbox"/> Medication Record | <input type="checkbox"/> All Cardiac Testing/Records |

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the physician/facility/entity listed below.

I Authorize the release of my medical records by the organization listed below:

Physician/Facility:

Address:

Phone:

Fax:

I understand this authorization will expire, without my revocation, one year from, the date of signing. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on it. I understand that revocation will not apply to information that has already been released as specified by this authorization or to my insurance company. I understand that any disclosure of information carries with the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. I accept full financial responsibility for any copying or shipping fees and any applicable sales tax that may be charged.

Patient's Signature:

Date:

Winter Haven Location

320 First Street North
Winter Haven, FL 33881

Office: (863) 508-1101
Fax: (863) 299-6158

Lake Wales Location

1255 State Road 60 E, #200
Lake Wales, FL 33853