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NORTHPOINTE HEART CENTER

Services provided by
Beaumont Hospital

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DAVID M. NORI, M.D.
HAZIM AL-AMERI MD

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

(Please read entire form before completing)

*****There may be up to a 3 day wait for patient medical records request*****

Wait time may be longer if form is not completed in entirety

Record Release Fees:

Testing DVD = $50.00

Patient Name _____ **Date of Birth** _____

Address _____**Telephone** _____

City _____ **State** _____ **Zip Code** _____

INFORMATION TO BE ☐ RELEASED TO / ☐ OBTAINED FROM :

Physician/Facility _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Fax Number** _____

INFORMATION TO BE DISCLOSED:

Reason for Disclosure: _____

Disclosure Type: ☐ Paper copies ☐ Electronic Format

☐ Entire Record *(per page fee according to state guideline*

Payment required prior to processing request.

☐ Recent Test(s):
_____Digital Copy: yes / no

☐ Recent Lab(s)

☐ Progress Note/Letter

☐ Other: _____

I hereby give Northpointe Heart Center permission to release/obtain my Protected Health Information (PHI):

Patient Signature _____ Date _____

Legal Representative Signature _____ Date _____

This authorization is valid for 90 days (30 days for alcohol/drug abuse treatment) unless you specify otherwise. You may revoke this authorization at any time by providing a written statement to the Medical Records Department, except to the extent that Northpointe has already completed the action on it. By my signature, I attest that I am legally recognized representative of the above-mentioned patient in accordance with the law. The receiving institution or individuals to other individuals or organizations that are not subject to privacy laws may not disclose the information to release pursuant to this authorization. The recipient of this protected health information is prohibited from re-disclosing the information unless the recipient obtains another authorization from me or unless the disclosure is specifically required or permitted by law. Northpointe will not condition treatment for payment of the provision of this authorization. According to HIPAA policy, we can only release information up to the signature date. Records obtained after the signature date will require a new release form to be completed.

Administrative use only.
Date request received: _____
Date request processed:_____
Initials: _____