

## Authorization for Release of Medical Information

I hereby authorize Northern Virginia Cardiology Associates (NVCA) to release my health information as described below. I understand that this authorization is voluntary. I understand that the released information may be subject to re-disclosure and no longer protected by privacy laws. You may disclose this health information to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Telephone) (Fax)

You may disclose the following health information (check all that apply):

\_\_\_\_ Entire record.  
\_\_\_\_ Health information related to the following treatment or condition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_ Health information for the following date(s): \_\_\_\_\_  
\_\_\_\_ Other (specify): \_\_\_\_\_  
\_\_\_\_\_

Reason for this authorization (check all that apply):

\_\_\_\_ Per my request  
\_\_\_\_ Other (specify): \_\_\_\_\_

### Patient Rights:

I understand that my health care and the payment for my health care will not be affected if I do not sign this form. I understand that I may see and request a copy of this form after I sign it. I understand that this authorization is valid for one year after the date of my signature. I also understand that this authorization can be revoked by notifying NVCA in writing, but if I do, it will not affect any actions already NVCA based upon this authorization. I understand that there may be a charge for this service.

Patient Name: \_\_\_\_\_

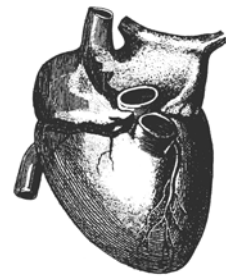
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Signature of Patient or Legal Representative Relationship to Patient

Date Faxed: \_\_\_\_\_ Date mailed: \_\_\_\_\_



**NORTHERN  
VIRGINIA  
CARDIOLOGY  
ASSOCIATES**  
PROFESSIONAL CORPORATION



8505 Arlington Boulevard  
Suite 200  
Fairfax, Virginia 22031  
(703) 698-8525  
Fax (703) 849-1918

CARL P. BON TEMPO, M.D., F.A.C.C.  
HARVEY S. SHERBER, M.D., F.A.C.C.  
JACK D. HORTON, M.D., F.A.C.C.  
BRYAN D. RAYBUCK, M.D., F.A.C.C.  
CHRISTINE D. BUSSEY, M.D., F.A.C.C.  
TODD G. MATROS, M.D., F.A.C.C.  
TODD C. PULERWITZ, M.D., F.A.C.C.  
TINA SLOTTOW, M.D.