

Barry S. Denenberg, MD, FACC
R. Alberto Rosa, MD, FACC
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Ajith Kumar, MD
Penny Johnson, DNP, CRNP



Patient ID: _____

Date: _____

Medical Records Release Medical Records to Receive

Facility/Provider: _____

Address: _____

Phone Number: _____

Fax Number: _____

I hereby authorize you to use or disclose the specific information described below, only for the Purpose and parties also described below:

- | | |
|---|--|
| <input type="checkbox"/> Medical Records only | <input type="checkbox"/> Include mental health records |
| <input type="checkbox"/> Include drug and alcohol records | <input type="checkbox"/> Include STD records |
| <input type="checkbox"/> Include HIV records | <input type="checkbox"/> Include genetic information records |

Entity requesting the information and authorized to make the requested use:

Cardiovascular Consultants of Southern Delaware

- Lewes, 16704 Kings Highway, Lewes, DE 19958, (302) 645 1233(p); (302) 645 1228(f) **or** (302) 644 3826(f)
- Millville, 35141 Atlantic Avenue, Unit 3, Millville, DE 19970, (302) 541 8138(p); (302) 541 8425(f)

This information is being requested for the following purpose(s):

- Medical Treatment Legal Proceeding Insurance Purposes Other: _____

This authorization shall remain in effect from the date signed below until: _____
(Expiration date/event)

I understand that:

- I may inspect or copy the protected health information to be used or disclosed
- I may revoke this authorization in writing by contacting your office at the address above,
Attention: Privacy Officer
- Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer is protected by HIPAA
- I may refuse to sign this authorization and that you will not condition treatment or payment on my providing this authorization (except to the extent that the authorization is for research/ related treatment, in which case you may refuse to provide that research-related treatment)

Lewes Office:
16704 Kings Highway
Lewes, De 19958-4929
(302) 645 1233 phone
(302) 645 1228 fax

Millville Office:
35141 Atlantic Avenue
Unit 3
Millville, De 19970-6954
(302)541 8138 phone
(302) 645 1228 fax
www.cvcde.com

PRINTED Patient Name: _____

Signature: _____

Last four digits of Social Security: _____ Date of Birth: _____

If signed by personal representative, please include printed name and relationship: _____