

**Michigan Heart Group  
Michigan Heart Rhythm Group  
Western Wayne Heart Group**

**Authorization for Release of Information**

Dear Patient:

Your medical information is the property of the physician or facility in which the information was obtained. To release your information from one physician to another you must fill out this form completely. New patients to Michigan Heart Group must have presented Michigan Heart Group with previous medical information from either a referring physician or family physician prior to their first appointment. **NEW PATIENTS THAT DO NOT OBTAIN THEIR MEDICAL INFORMATION PRIOR TO THEIR FIRST VISIT AND SHOW UP FOR THEIR APPOINTMENT WITHOUT THIS INFORMATION WILL BE RESCHEDULED.** It is vital that your Michigan Heart Group physician have copies of your previous medical history in order to properly serve you. If you have questions regarding your medical information please contact our Health Information Department at (248) 267-9062. Please mail, fax or deliver this completed form to the physician's office or hospital that you are requesting record from. Authorization forms can be faxed to us at 248-267-9076

Name

Address

Date of Birth

Phone #

S.S.#

I authorize Michigan Heart Group to OBTAIN my medical records FROM:

I authorize Michigan Heart Group to SEND my medical records TO:

\_\_\_\_\_  
Name of Physician or Facility

\_\_\_\_\_  
Name of Physician or Facility

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone & Fax #

\_\_\_\_\_  
Phone & Fax #

For the purpose of:      ( ) Continued Medical Care      ( ) Personal Use

**THE EXACT INFORMATION TO BE RELEASED SHOULD INCLUDE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Name (PRINT)

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
Date

*This authorization will expire ninety days after date of signature. A photocopy of this authorization shall have the same effect as the original.*

**Notice To Receipt**

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 C.F.R., Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.