



Berkeley Cardiovascular MEDICAL GROUP

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AUTHORIZATON TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS/FAMILY MEMBERS

In accordance with Federal government privacy rules implanted through the Healthcare Portability Act of 1996 (HIPAA), in order for your physician or staff of Berkeley Cardiovascular Medical Group (the Practice) to discuss your condition with members of your family or other individuals that you designate, we must obtain your authorization prior to doing so. In the event of a medical emergency or if you are unable to give your authorization due to the severity of your medical condition, the law stipulations that these rules may be waived.

____ I authorize the Practice to verbally release any or all information concerning my medical care to the following individuals. For verification, the individual/individuals listed below must be prepared to state my date of birth and/or the last four digits of my social security number. If the requested

information is unknown, the information requested may be denied.

____ I do not authorize the Practice to release any or all information concerning my medical care to any individual except as set forth above.

Name Relationship to Patient

Name Relationship to Patient

Name of Patient (Print)

Patient Signature Date

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to BCMG. You may contact the Operations Manager, Lawana, at 510-549-4220 to terminate this authorization.

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