STANFORD CENTER
FOR INHERITED
CARDIOVASCULAR DISEASE

Authorization to Release Medical Records

Patient Information
Name: (last)_____, (first) _____ **Date of Birth:** _____

I hereby authorize _____(name of hospital or physician) to release my **CARDIOLOGY RECORDS** to Stanford Hospital/Lucile Packard Children's Hospital for the purpose of **continuing medical care and genetic risk evaluation**.

Specific records to be disclosed:
All available cardiology records, including

- [X] Cardiology notes & physician letters
- [X] Diagnostic testing reports (ECG, echocardiogram, MRI, cardiac catheterization)
- [X] Images of original ECG tracings: **VERY IMPORTANT**
- [X] Surgical notes (including cardiac device implantation, open heart surgeries, and heart tissue pathology reports)
- [ ] A disc containing digital images from my most recent echocardiogram
- [X] Genetic test results
- [ ] Autopsy report
- [ ] Death certificate

Please release a copy of these records to:

Address:
Attn: Cardiogenomics Team
Falk CV Research Center
300 Pasteur Drive
Stanford, CA 94305

DURATION: This authorization becomes effective upon signing and will expire one year from the date of signature unless a different date is specified here:_____

REVOCATION: This authorization is subject to written revocation by the patient at any time, except to the extent that the provider specified above has already released the health information.

REDISCLOSURE: I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

I specifically authorize discussion of the disclosed health information with my family members and their physicians for the purpose of genetic risk assessment.

A copy of this authorization is as valid as the original.
The patient has a right to a copy of this authorization.

Signature: _____Date:_____

Printed Name:_____ Phone Number:_____

If signed by other than the patient, please indicate relationship: _____