Anita Lee Sloan-Garcia MD, Endocrinology
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Authorization of Release of Individually Identifiable Protected Health Information

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

****

Request Records From: _____
Physician or facility **FRO**M whom you wish records to be sent

Address: _____

Phone: _____ Fax: _____

I authorize the release of the above named person's health information to Dr. Anita Sloan-Garcia MD at Garcia Sloan Centers. Please forward this information to the secure fax or email address printed on the top of this form. This information will be used for the purpose of diagnosis and treatment of a medical condition.

Please release the following medical information corresponding to the dates: _____

- Ultrasound, CT or MRI exams pertaining to _____
- Echocardiogram, Cardiac studies or Cardiac stress tests
- Lab tests (blood count, hormones or labs related to medical illness)
- Operative reports related to thyroid surgery or other endocrine surgery
- Office notes from other providers relating to previous evaluation or treatment of the condition
- Other: _____

I understand that I have the right to revoke this authorization at any time by notifying the facility or physician that is authorized to make the disclosure, in writing, except to the extent that action has been taken in reliance on this authorization; or if this authorization is obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest the claim or the policy itself. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____ If no expiration date is specified, this authorization will expire in one year. I understand that this authorization of disclosure of health information is voluntary. I can refuse to sign this authorization, and I need not sign this authorization to receive treatment.

_____ _____
Signature of patient or patient's representative Date

_____
Relationship to patient