



Uses and Disclosures Based On Your Written Authorization: Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted or required by law as described in the Notice of Privacy Practices.

You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your health care information except as described in the Notice of Privacy Practices.

**AUTHORIZATION TO RELEASE
PROTECTED HEALTH INFORMATION**

Patient Name: _____
Date of Birth: _____
Social Security Number: _____

I, _____ authorize Desert Cardiology Center to release my
Please Print
protected health information, **including billing information**, to the following individual(s).
I understand that this authorization is voluntary and may be revoked at any time.

Name: _____
Relationship to Patient: _____
Social Security Number
or Drivers License
Number: _____

Name: _____
Relationship to Patient: _____
Social Security Number
or Drivers License
Number: _____

Patient signature

Date