Borealis
Heart Specialists

Authorization to Release Medical Records

As required by the *Health Insurance Portability and Accountability Act of 1996*, Borealis Heart Specialists may not use or disclose your health-related information, except as specified in its *Notice of Privacy Practices* without your prior written authorization. To authorize disclosure of your health-related information, please complete and sign this form.

Patient Name:	DOB:

I hereby authorize Borealis Heart Specialists to *release and send* my health-related information **to**:

I hereby authorize Borealis Heart Specialists to *receive* my health-related information **from**:

Person/Agency:	Address:
Phone Number:	Fax Number:

I authorize the release of the following health-related information:

All my health information that the provider has in his/her possession, including information relating to any medical history, mental or physical condition and any treatment received by me.

Only the following records/types of health information (please specify below):

_____

Purpose of obtaining information: Treatment Billing/Legal School Employment Disability Determination Other

Effective dates of authorization: __/__/____ through __/__/____ OR Until further notice

The following information will **NOT** be released unless you specifically authorize by checking the options below (check all that apply):

Drug, alcohol, or substance abuse records HIV/AIDS information (including test results)

Genetic information (including test results)

I certify that I have read this form and agree to the uses and disclosures of information as described. I understand that I have the right to revoke this authorization at any time by submitting written notice to Borealis Heart Specialists. I also understand that Borealis Heart Specialists may not condition my treatment, payment, enrollment, or benefits eligibility on my authorization to use or disclose the above information. Furthermore, I acknowledge that any disclosure carries with it the potential for unauthorized redisclosure by the recipient and that the information disclosed may not be protected by federal or state privacy laws.

_____ _____

Signature of Patient or Responsible Party Date

Borealis Heart Specialists
1200 Airport Heights Dr. Building E, Suite 200
P: (907) 262-4278 F: (907) 802-4530