



San Tan Cardiovascular Center LLC

Mesa
6859 E Rembrandt Ave
Suite 117
Mesa, AZ 85212

Gold Canyon
6740 S. Kings Ranch Road
Suite 103
Gold Canyon, AZ 85118

Chandler
3980 E. Riggs Rd
Building 4 Suite 2
Chandler, AZ 85249

RELEASE OF INFORMATION REQUEST

Name: _____ **DOB:** _____

Address: _____

Phone: _____

I hereby authorize San Tan Cardiovascular Center

Fax: 480-632-1574
6859 E. Rembrandt Ave Ste 117
Mesa, az 85212

To: **RECEIVE/RELEASE** medical records **TO/FROM:**
(Circle One) (Circle One)

Physician/Entity Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

____ All records ____ Past two years ____ Specific: _____

IF MORE THEN 20 PAGES DO NOT FAX, PLEASE MAIL

By signing below I authorize release of medical records including but not limited to HIV related information, communicable disease, alcohol, drug abuse, mental health, and genetic testing information also. This consent will expire in 90 days from date signed. I can revoke this authorization at anytime by notify San Tan Cardiovascular Center in writing. I understand that a photocopy or facsimile of this authorization is acceptable in lieu of original.

This information has been disclosed to the recipient above from confidential records which are protected by state law that prohibits further re-disclosure of the information without specific written consent from the patient listed above. (A.R.S Section 36-664 (G)).

Signature: _____ Date: _____