

Big Apple Cardiology

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Authorization for Release of Medical Records

Authorization

I authorize Allen Weiss Physician NY, P.L.L.C. d/b/a Big Apple Cardiology to obtain and/or release my protected health information as necessary for the coordination of my medical care.

Records Requested

This authorization includes prior consultation notes, diagnostic testing results, imaging reports, hospital records, laboratory results, procedure reports, and other medical information relevant to my cardiovascular evaluation and treatment.

Electronic Health Record Access

I authorize Allen Weiss Physician NY, P.L.L.C. d/b/a Big Apple Cardiology to access my medical information through hospital electronic health record systems, health information exchanges, and affiliated healthcare networks for the purpose of coordinating my care.

Purpose of Disclosure

The purpose of this authorization is to allow my healthcare providers to obtain and share medical information necessary for treatment, payment, and healthcare operations.

Coordination of Care

I authorize Allen Weiss Physician NY, P.L.L.C. d/b/a Big Apple Cardiology to communicate with my referring physicians, primary care physician, specialists, hospitals, and other healthcare providers involved in my care for treatment coordination.

Revocation

I understand that I may revoke this authorization at any time by providing written notice, except to the extent that action has already been taken in reliance upon this authorization.

Expiration

This authorization remains valid for the current course of treatment and future visits unless revoked by me in writing.

By signing electronically, I authorize Allen Weiss Physician NY, P.L.L.C. d/b/a Big Apple Cardiology to obtain and release relevant medical records and communicate with other healthcare providers as necessary for my care.

Electronic Patient Signature (captured digitally)

Timestamp Recorded Automatically