



VIRGINIA HEART

Excellence in Cardiovascular Care

2901 Telestar Court, Suite 300
Falls Church, VA 22042
(703) 766-5873 - Fax (703) 591-1503
www.VirginiaHeart.com

*****No E-Signatures*****

Revised 08/28/2020

Records Request for Release of Protected Health Information

Tariq A. Aziz, MD, FACC
 Subash B. Bazaz, MD, FACC
 Casey R. Benton, MD, FACC
 Rachel L. Berger, MD, FACC
 Anthony Chang, MD, FACC, FACP
 Asad E. Chaudhry, MD
 Nicholas Cossa, MD, FACC
 Stephen M. Day, MD, FACC
 James Duc, MD, FACC
 Timothy P. Farrell, MD, FACC
 Adam S. Fein, MD
 Rajat Garg, MD, FACC, FSCAI
 Nadim Geloo, MD, FACC, FSCAI
 Tariq M. Haddad, MD, FACC
 Edward W. Howard, MD, FACC, RPVI
 Jeffrey Jackman, MD, FACC
 Joseph M. Kiernan, MD, FACC, FSCAI
 Sara Kulangara, MD
 Jeff Lee, MD
 Warren S. Levy, MD, FACC
 Jeffrey S. Luy, MD, FACC
 Alireza Maghsoudi, MD, FACC
 Carey M. Marder, MD, FACC
 Robert L. McSwain, MD
 Lawrence A. Miller, MD, FACC, FSCAI
 Pradeep R. Nayak, MD, FACC, FASE
 Michael P. Notarianni, MD, FACC
 Antonio R. Parente, MD, FACC
 Amit V. Patel, MD, FCCP, ABIM Sleep Medicine
 Dhaval R. Patel, MD, MPH, FACC
 Eric D. Pauley, MD
 Paula Pinell-Salles, MD, FACC
 Dean M. Pollock, MD, FACC
 Gautam Ramakrishna, MD, FACC
 Haroon Rashid, MD, FACC
 Jessica Riggs, MD
 Stephen P. Rosenfeld, MD, FACC
 Lawrence R. Rubin, MD, FACC
 Anne M. Safko, MD, FACC
 Ibrahim M. Saeed, MD, FACC
 Chirag Sandesara, MD, FACC, FHRS
 Jennifer Shea, MD
 Stuart E. Sheifer, MD, FACC
 Robert A. Shor, MD, FACC
 Mark P. Tanenbaum, MD, FACC
 Ketan K. Trivedi, MD, FACC
 Alexander G. Truesdell, MD FACC, FSCAI
 Mark C. Vives, MD, FACC
 Raymond Vlacancich, DO
 Timothy S. Welch, MD, FACC
 George Zhao, MD

I hereby authorize Virginia Heart, to release my protected health information to:

Please release the following information:

All information including the diagnosis and records of any treatment or examination rendered to me during the period from _____ to _____.

The following test(s)/information only: _____

The purpose or need for this disclosure:

- Physician or health care facility
- Consult (2nd opinion)
- Seeking a new physician
- Physician availability
- Relocation
- Personal use
- Legal purposes
- Insurance purposes
- Dissatisfaction
- Other: _____

I understand that Virginia Heart is not responsible for any subsequent disclosure of protected health information as a result of providing this information to the above-mentioned parties. I further understand that I am not required to disclose to Virginia Heart the reason for this request and that I may subsequently revoke this request, if necessary. **Virginia Heart requires that all requests be made in writing.**

Signature

Date

Print Name

Date of Birth

Release expires one year from original date

Virginia Heart Use Only: Records Released by: _____

To improve the health and well-being of our community by providing world-class, patient-centered cardiovascular care.