



VIRGINIA HEART

Excellence in Cardiovascular Care

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No E-Signatures

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Request for Change of Email Address in Personal Medical Record

I hereby authorize Virginia Heart, change email address in my medical record [chart]:

FROM:
(Leave blank if adding email address)

TO:

I understand that Virginia Heart is not responsible for any subsequent disclosure of protected health information as a result of providing wrong information. 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 email change requests are made in writing

Signature

Date

Print Name

Date of Birth