AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION TO FAMILY AND/OR FRIENDS

	Ravi K. Bajaj, M.D. Husam Bakdash, M.D. Shaheen, M.D.	Assem Z. Farhat, M.D. Hussam Farhoud, M.D. Wassim
Heartland CARDIOLOGY LLC		
Level Providers: Erica Combs, APRN-BC; Jessic Please print the following information	Hamad, APRN-BC; Kris Nunez, PA-C; Nancy Ro	Mid- sten Flavell, APRN-BC; Laurie Nachbor, APRN-BC; Kathy oop, APRN-BC; Nikki Sponsel, PA-C; Meklit Zetawos, PA-
Patient:		Date of Birth:
		Phone #: Other Name:
I hereby authorize Heartland Cardiolog purposes of coordinating my treatmen		nformation to the following individuals for the
Name:		Relationship to Patient:
Phone #:		
Name:		Relationship to Patient:
Phone #:		
Name:		Relationship to Patient:
Phone #:		
Name:		Relationship to Patient:
-		rdination of medical care/payment? Yes No and Cardiology on(date)
taken in accordance with this authoriza until it is revoked. I hereby release Hea may arise from the act I have authorize	ation. Unless otherwise artland Cardiology and it ed above. Heartland Car	e, except to the extent that action has been specified, this authorization remains in effect ts personnel from all legal responsibility that diology is not responsible for completeness, ords from another institution.
regionity of omission caused by the cop		

Printed Name of Parent/Legal Guardian

Relationship

Staff Initia	als:	
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Rev. 3/17