



**ADVANCED HEART
& VASCULAR INSTITUTE
OF HUNTERDON**

Where patients come first

MEDICAL INFORMATION RELEASE FORM

Please print, complete all information, and bring with you to your appointment or fax to (908) 237-3398.

Name: _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Release of Information

- I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:
 - Spouse _____
 - Child(ren) _____
 - Other _____
- Information Is Not To Be Released To Anyone.

This release of information will remain in effect until terminated by me writing.

Messages

Please call my:

- Home (_____) _____ - _____
- Work (_____) _____ - _____
- Cell (_____) _____ - _____

If unable to reach me:

- You may leave a detailed message.
- Please leave a message asking me to return your call.

The best time to reach me is _____ between _____ and _____
DAY OF THE WEEK TIME TIME

Signed: _____ Date: _____ / _____ / _____
MONTH DAY YEAR

Witness: _____ Date: _____ / _____ / _____
MONTH DAY YEAR