Oracle Heart & Vascular Inc.

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Medical information release:

Patient forms, paperwork, reports, records, etc

1. FORMS: request for the detailed completion by a medical specialist (fees apply)

This consent to release information includes, but is not limited to, information retrieval, review, preparation and completion of forms provided to you (the patient) and/or a third party organizations as specified below. Due to the time requirements, legal, and liable nature of this forms request, a fee of **$25 per form** is obliged. Please note that most insurance companies do not consider this fee a "covered benefit" because it is not a part of routine medical care. If you also require a current medical assessment/examination, please let us help you schedule an appropriate appointment. Your requested form will be completed within seven business days after receipt of this form and payment.

Please **select which form** you would like completed and your **preferred delivery method**:

☐ FMLA	☐ Disability	☐ School	☐ Long-term care	☐ COVID letter	☐ Life insurance
☐ Department of Veterans' Affairs	☐ Other:				

2. MEDICAL INFORMATION: request for our documentation of your medical record

This consent to release your medical information in the format specified below. Most medical information can be accessed securely through **Oracle Heart & Vascular Inc.'s Patient Portal**, also known as "Healow". However, there are some records/reports/results that are not compatible with the patient portal, in this case, please complete the following form to serve as your written request and consent to release medical information in the format of your preference.

Please note that in some cases a reasonable cost-based fee (in accordance with VA. Code Section 8.01-413) may be requested for the supplies and services of retrieving, reviewing, and preparing the requested documentation.

☐ Entire Medical Record *(fees may apply)* ☐ Discharge summary ☐ History & physical ☐ Laboratory test results ☐ Progress notes	☐ Referral & consultation ☐ Notes/Imaging results ☐ All Cardiac testing & EKGs ☐ Other:
Dates of information requested:	

Please select which delivery method you would like the information noted above provided to you:

☐ Paper printed copy	☐ Faxed (_____)_____-_____	☐ Email: _____
☐ Printed, sealed and mailed to the current address within my chart at Oracle Heart & Vascular *(additional package/postage fees will apply)*		☐ Other:
Office Use:	Total Charge: _____ Date and method paid: ____/_____/____ [ ] credit card [ ] cash [ ] check	

Your signature below represents your authorization for Oracle Heart & Vascular Inc.'s and it's staff to disclose the requested medical information aforenoted above. You further understand that our staff work diligently to ensure the safety and security of all medical information and that there is a potential increased risk of an unauthorized individual viewing your information by way of the delivery method(s) of your choice.

Patient name:	**DOB:** \ \
Patient signature:	**Date:**