

# CLEVELAND CLINIC AUTHORIZATION FOR THE RELEASE OF CARDIOLOGY IMAGES

Cardiovascular Imaging J1-5  
9500 Euclid Avenue  
Cleveland, OH 44195

+1 216-444-6697  
800-223-2273, ext. 46697  
Fax: +1 216-427-9106

Patient Name: \_\_\_\_\_ SS#: \_\_\_\_\_

CCF#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone #: \_\_\_\_\_ Current Address: \_\_\_\_\_

Fax #: \_\_\_\_\_ Street: \_\_\_\_\_

Reason for Disclosure: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
(Reason for disclosure must be completed prior to processing)

Past Dates of Treatment: \_\_\_\_\_

Release Cardiology Images to: Name of Recipient: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize The Cleveland Clinic Foundation to release the health information indicated below that is contained in my Cardiology image records to the Recipient named above.

	Echocardiogram (TTE & TEE)		Vascular Ultrasound
	Cardiac Catheterization		Stress Test (Echo & Nuclear Medicine)

Note: Cardiac MRI and Cardiac CT requests are fulfilled by the CCF Radiology Image Library (<https://ewebapps.ccf.org/MyImages>)

This consent is subject to revocation at any time except to the extent the action has been taken thereon.

**This authorization and consent will expire in one year from the date of authorization written below.**

I understand that the Recipient of my health information may be charged for the service of releasing my Cardiology images.

Your health care (or payment for care) will not be affected by whether or not you sign this authorization. Once your health care information is released, redisclosure of your health care information by the Recipient may no longer be protected by law.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Patient/Legal Guardian \*\*      Printed Name      Date Signed

\_\_\_\_\_  
Relationship if not Patient

**\*\*If other than patient's signature, a copy of legal papers verifying authority (e.g., Power of Attorney or Death Certificate) MUST accompany the authorization when presented. Exception: parent is signing for patient under age 18.**