

Healthy Heart Cardiology  
Sandeep Khurana MD FACC  
4081 Cascade Rd SE, Suite 200, Grand Rapids, MI 49546

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

I hereby authorize: \_\_\_\_\_

To release records for: (PRINT FULL NAME) \_\_\_\_\_

(Date of Birth) \_\_\_\_\_

To: Healthy Heart Cardiology

4081 Cascade Rd SE, Suite 200

Grand Rapids, MI 49546

FAX # (866) 966-9677 AND/OR PHONE # (616) 780-7015

**PLEASE INITIAL ALL APPROPRIATE LINES BELOW:**

\_\_\_ Any and ALL Medical Records

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\_\_\_ a) Any records of treatment for Drug/Alcohol dependency or abuse

\_\_\_ b) Any record of mental health treatment

\_\_\_ c) Any record of testing, care, treatment, reporting or research pertaining to infection with HIV or related disease

\_\_\_ d) Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**This information is being released for the following purpose(s) only:**

\_\_\_\_\_

And may not be able to be used for any other purpose or released to any other person(s) without my written consent.

This release is effective from the date of execution. However, it may be revoked by me at any time by providing in writing to the above named party

Signed: \_\_\_\_\_

Date: \_\_\_\_\_