



South Charlotte Cardiology, P.C.

James K Liu, MD, FACC

Board Certified, Cardiovascular Disease

Board Certified Nuclear Cardiology

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You may give Cardiology South Charlotte Cardiology written authorization to disclose your Protected Health Information (PHI) to anyone you designate and for any purpose. If you wish to authorize a person or entity to receive your PHI, please complete the information below.

Patient Name: _____

Persons to whom PHI can be disclosed upon request:

Name	Relationship

I understand that I may revoke this authorization at any time by giving the practice written notice mailed to the address at the top of this form. I also understand that revocation will not affect any action the practice and their business associates took in reliance upon this authorization before receiving my written notice of revocation.

I further understand that if the persons or entities I authorize to receive my PHI are not health plans, covered health care providers or health care clearinghouses subject to the Health Insurance Portability and Accountability Act (HIPAA) or other federal health information privacy laws, they may farther disclose my PHI and it may no longer be protected by HIPA.A or federal health information privacy laws. I also release and South Charlotte Cardiology from any and all liability, cost and claims of whatsoever kind and nature arising from the release of this information.

Signature: _____

If signed by a personal representative:

Print your full name: _____

Describe your authority to act for the member (e.g., power of attorney, administrator, parent of minor child, executor of estate, etc.):
