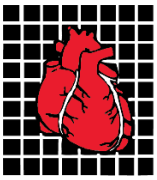

CARDIO-
THORACIC
SURGEONS, P.C.

PRACTICE OF CARDIAC, THORACIC
AND PERIPHERAL VASCULAR SURGERY

John L. Harlan, M.D.
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Trent A. Howard, D.O.
John S. Thurber, M.D.

Medical Information Release Form
(HIPAA Release Form)

Name: _____ Date of Birth: _____/_____/_____

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 in writing.

Messages

Please call [ ] my home [ ] my work [ ] my cell number: _____

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 (day) _____ between (time) _____

Signed: _____ Date: _____/_____/_____

Witness: _____ Date: _____/_____/_____