

Sports & Performance Cardiology LLC  
Ankit B. Shah, MD, MPH, FACC  
8401 Connecticut Avenue, Suite 104, Chevy Chase, MD 20815  
Office: 240.892.7070 | Fax: 240.248.0606  
Info@SPCardiology.com

## REQUEST FOR RELEASE OF MEDICAL RECORDS

**Date of Request:**

**Patient Name:**

**Date of Birth:**

**Address:**

**Phone:**

I hereby authorize release of my medical records from:

**To:** Ankit B. Shah, MD

Sports & Performance Cardiology LLC

8401 Connecticut Avenue, Suite 104

Chevy Chase, MD 20815

**Fax:** (240) 248-0606

**HIPAA-compliant Email:** Info@SPCardiology.com

Please send records including most *recent Consultation note, History and Physical, latest progress notes, labs, cardiac testing (ECG, echocardiogram, cardiac MRI, cardiac CT, cardiac catheterization, ambulatory monitors)* and any other relevant information to the address, fax number, or email listed above.

The purpose of this disclosure is for my healthcare/treatment.

I understand that this authorization will expire 365 days from the date I signed this form and that I may revoke this authorization at any time by notifying the providing organization in writing.

I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. I understand authorizing the use or disclosure of the information identified above is voluntary. I do not need to sign this form to ensure treatment.

Thank you,

**Patient Name:**

**Patient Signature:**

**Date Signed:**