ARRHYTHMIA CENTER OF CT

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Please print

____

Patient Name　　　　　　　　　　　　　　　　　　　　Other Last Names

____

Date of birth　　　　　　　　Phone Number　　　　　　Email Address

____

Street Address　　　　　　　　　　　　　　　　　　　City, State, Zip code

Transfer of care is required due to the closing of my physician's office. Therefore, I hereby authorize

Morgan Records Management LLC, 159 Frontage Rd, Manchester, NH 03103,

on behalf of **Arrhythmia Center of CT, 330 Orchard St #210, New Haven, CT 06511,** to execute one of the following:

Please select one of the following delivery options:

☐ Secure HIPAA approved electronic transfer: ***List email you want chart sent to here*:**
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☐ Pick up disc, in person: Once chart is processed, you will be called to schedule pick up time. Our address is **Morgan Records, 159 Frontage Road, Manchester, NH 03103**.

☐ Disc mailed: There will be a **$10 shipping charge prior to mailing**. We mail USPS Certified Return Receipt. ***List address you want disc mailed to here:***

____

I, ____, am the patient or legal guardian who has authorization to release the above records. Any facsimile, copy, or photocopy of this release will be valid for 90 days and shall authorize you to forward my medical records. This form gives you permission to share my private information obtained from this facility. Only records from this facility can be legally released. Any records from other physicians must be obtained from them directly.

There is a $25 fee for the processing of the records. Payment Options:

- **CREDIT CARD** – please use our online form: MorganRM.Com-> Medical Records tab-> Request My Records
- **CHECK** - please mail your completed authorization form with an attached check or money order made payable to Morgan Records Management LLC, to 159 Frontage Rd, Manchester, NH 03103.

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Patient or Legal Guardian Signature　　　　　　　　　　　　　　　　　　Date

Your completed authorization form may be faxed to 603-606-1126, emailed to Medical@MorganRM.com, or mailed to Morgan Records Management LLC, 159 Frontage Rd, Manchester, NH 03103.