



Gunateet Goswami, M.D., F.A.C.C.

Phone: (586) 228-2518

Fax: (586) 228-2517

Patient Record Request/Release of Information Authorization

Patient Name/DOB: _____

Records released from: Gunateet Goswami, M.D., F.A.C.C.
43475 Dalcoma Drive, Suite 200
Clinton Township, MI 48038

Records released to:

- Patient
- Facility: _____

Authorization to release any information including the diagnosis and records of any treatment or examination rendered to me as described below:

- Testing performed in office:
 - Stress Test
 - Echocardiogram
 - Carotid Doppler
 - ABI
 - EKG (most recent)
 - CEM/holter result
- Office Notes
- Other: _____

Dates of Service requested: _____

*Medical records from hospital visit must be obtained through Henry Ford Macomb Hospital's medical records department.

*Records will not be released on same day basis, must present a **valid photo I.D.** to obtain records.

I understand that:

- I may inspect or copy the protected health information to be used or disclosed.
- I may revoke this authorization in writing by contacting your office at the address above, attention Privacy Officer.

Print Name _____ Date of Birth _____

Signature _____ Witnessed by _____ Date _____

Relationship to Patient (if signed by personal representative of patient) _____ EXPIRES ONE YEAR FROM ABOVE DATE