

Vascular Institute of Southern Nevada, Kenneth J. Shah MD
2465 W Horizon Ridge Parkway, Suite 100
Henderson, Nevada 89052
Phone: 702-616-0500

www.drkenshah.com (v. Jan 2021)

RECORD RELEASE REQUEST from Dr Shah PATIENT AUTHORIZATION

I, _____ (patient full name) hereby authorize Vascular Institute of So. Nevada, Kenneth J. Shah MD (VISION) to release my recent medical records. This signed authorization is effective for one year and subject to written revocation. I understand only part of the medical records are requested (most recent office consultative notes and tests results).

Medical records may include info on HIV/Hepatitis/STD, drug or alcohol use, behavioral/mental health treatment, assault (child/adult/sexual) history, genetic testing and psychiatric notes
____ (if checked) I understand I request copy of complete entire medical record and an advance payment copy deposit will be required (e.g.: 100 pages \$60 dollars, credit card on file)
____ (if checked) I agree to mail my medical record with additional postage fee (\$10 min.)

Vascular Institute of So. Nevada has set up a patient portal for my health records. I understand that immediate access to pertinent health records (patient summary) are available online on patient portal link <https://health.eclinicalworks.com/drkenshah>

- *Printed copy of medical record may be picked up at our office during business hours.*
- *I agree to pay for the medical record copy fee of 60 cents per page.*
- *If medical records are mailed, there is an additional postage charge.*
- *Vascular Institute of So. Nevada will prepare a copy of medical record (please allow up to 30 business days). I agree medical record might be available via email attachment.*

Patient full name: _____

Email Address: _____

Mailing address: _____

_____ (cell phone #) _____ (home phone #)

_____ (SSN required) _____ (birthdate)

Signature x _____ (sign full name) _____ (date)

Fax form to 702-616-0505 or direct e-print: drkenshah@hpeprint.com or email to hello@drkenshah.com. Please provide payment info. We accept credit card.

*****OFFICE USE BELOW*****

MRR Received: _____ MRR Prepared: _____ Staff: _____ Admin s/o: _____ Date: _____

Count#: _____ @0.60 cents/page: \$ _____ (if mailed add postage fee \$10) \$ _____

Payment: _____ Pick up or Delivery date: _____ Staff: _____ Other: _____

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