

# VASCULAR INSTITUTE OF SOUTHERN NEVADA, KENNETH J. SHAH MD MEDICAL RELEASE FORM (v. Jan 2021)

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## **MEDICAL RECORDS RELEASE AUTHORIZATION**

I, the patient, hereby authorize and give permission to any healthcare provider, insurance, attorney to release my PHI (protected health information) medical records to  
Kenneth J. Shah MD, Vascular Institute of Southern Nevada

**Medical Records FAXED to 702-616-0505 or emailed to [hello@drkenshah.com](mailto:hello@drkenshah.com)**  
(in most cases most recent notes, labs or tests only needed)

I, the patient, specifically allow the following:

**MEDICAL RECORDS DEPARTMENT** (Electronic Health Records)

**HOSPITALS:** Valley Health System Hospitals (Valley, Summerlin, Centennial, Spring Valley, Desert Springs and Henderson Hospital), Dignity Health System Hospitals (De Lima, Siena and San Martin), Encompass Rehab, Sunrise Hospital, Southern Hills, Mountain View Hospital, UMC University Medical Center, Kindred, Touro University, NV School of Medicine, VA & Michael O'Callahan Hospital, Nellis Air Force Base and other: \_\_\_\_\_

**LABORATORIES:** QUEST Diagnostics, Lab Corp, Nevada Lab, Synergy Lab, Lab Express, Clinical Pathology Labs, Sonora Quest Lab, Consolidated Labs, Corus and Other laboratory facilities.

**MEDICAL FACILITIES:** Veterans Administration, Intermountain Healthcare, Southwest Medical, UMC QuickCare, Primary Care, Las Vegas Pain Institute, Nevada Heart and Vascular, Heart Center, Urgent Care, UCLA, Cedar Sinai, Scripps Center, Hoag Memorial, Touro, Stanford, Mayo Clinic, Western Regional, and other

**IMAGING FACILITIES:** Nevada Imaging, Steinberg Diagnostic, Desert Radiologists, Pueblo Imaging, Las Vegas Radiology, American, Red Rock Radiology, Newport Imaging, Mountain Diagnostic, Centennial Imaging, Other Diagnostic Imaging.

**HEALTHCARE PROVIDER:** (primary care, consultants, therapist, dental & other)

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Please disclose my PHI (protected health information) medical records including any testing, hospital records, labs, progress notes, etc. are to be released. If records have already been released, please only send the last set of notes and test results.

Additional specific records requested include: \_\_\_\_\_.

Photocopy and Facsimile of this authorization shall be accepted as if the original.

My Electronic signature of this authorization shall be accepted as if the original.

This authorization is valid for two (2) years.

I have been informed that I may inspect or copy the PHI to be used or disclosed under this authorization.

I allow the release of PHI medical records to allow claim processing for insurance or governmental audits.

I give consent and permission to allow request and viewing of my prescription history from external sources.

I give consent to release my PHI medical records on my behalf from and to other providers.

I understand I may revoke this authorization in writing any time by sending written notification to Attention: Medical Records, Vascular Institute of Southern Nevada at the above address.

I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment or payment or eligibility of benefits.

If this form is presented by the patient, please release records directly to patient to bring to our office. Please release any diagnostic imaging films, CD, photos directly to the patient. Patient signature below is valid for two years and authorizes the above release of PHI medical records to Dr Kenneth J. Shah.