Michael Aaron, D.O., FACC, FASNC
Maurice Weiss, M.D., FACC, FSCAI
Ihab Girgis, M.D., FACC, FACP, FHRS
Tony N.T. Chu, M.D., FACC, FSCAI
Leonard Sandler, M.D., FACC
James Orlando, M.D., FACC, FSCAI
David Pinnelas, M.D., FACC
Renato Apolito, M.D. FACC, FSCAI
Riple Hansalia, M.D.
Rayson Yang, M.D.
Liana Spano-Brennan, D.O.

# Patient Information Release Form

**In accordance with the new Federal and HIPPA (Health Insurance Portability and Accountability Act) regulations, any medical information pertaining to you will only be disclosed to the person(s) indicated below. If they are NOT listed below, no information will be disclosed at any time. Thank you for your cooperation.**

**Date:**_____

| **NAME** | **RELATIONSHIP** |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

_____ **I do not wish to have any of my health-related information released to anyone other than myself.**

**Patient's Signature**_____

**Any changes of patient release information must be in writing ONLY.**

**1820 State Route 33, Suite 4B, Neptune, NJ 07753,** (732) 776-8500, Fax (732) 776-8946
**35 Beaverson Boulevard, Unit 9B, Brick, NJ 08723,** (732) 262-4262, Fax (732) 262-4317
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**115 East Bay Avenue, Manahawkin, NJ 08050,** (609) 971-3300 ·Fax (609) 597-4656
**901 West Main Street, Suite 102, Freehold, NJ 07728,** (732) 308-0774, Fax (732) 308-0355