

**Cardiac Institute
Of the Palm Beaches, PA
108 Intracoastal Pointe Dr Suite 100
Jupiter FL 33477
561-296-5225
Fax: 561-296-5226**

Addendum to HIPAA: Permission for Health Record Disclosure

I am aware and have signed the HIPAA form stating that all of my medical records are confidential. With this knowledge, I am allowing the following persons such as Spouse/Children etc (EXCLUDING DOCTORS) to have access to my health record. I allow this person full access to view and discuss my medical records. I also allow this person to speak with the office staff and Dr Jeffrey Fenster in regards to my medical care.

Patient Name: _____

Patient Signature: _____

Date Signed: _____

Name of person's allowed to speak to Cardiac Institute of the Palm Beaches

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____