

CONSENT FOR TREATMENT AND RELEASE OF INFORMATION

I AUTHORIZE Consulting Cardiologists, PC (CCPC) to perform medical treatment.

I CONSENT to CCPC's use and disclosure of all individually identifiable personal, health, financial and demographic information (known as Protected Health Information or PHI) for the purpose of:

- Providing medical treatment
- Obtaining payment and reimbursement
- Obtaining authorizations from my insurance for tests (where required)
- Requesting healthcare services from other providers
- Cooperating with other providers in my medical treatment
- Fulfilling requests for information when specifically authorized by me
- In addition, doing all other things directly related to providing healthcare to me

The above purposes and all other uses are known collectively as Treatment, Payment and Other healthcare operations or TPO.

I AUTHORIZE any physician or healthcare facility to provide upon request any PHI to CCPC, when needed for the purposes of TPO.

I CONSENT to CCPC discussing any or all of my medical care including my evaluation, treatment, diagnosis even if related to psychiatric or psychosocial impairment, substance abuse, acquired immunodeficiency virus (HIV), HIV-related opportunistic infections, or pregnancy with the following person(s) unless otherwise indicated:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____

I have been given a copy of CCPC's Privacy Notice.

I understand my rights to restrict the use and disclosure of PHI and to revoke this consent at any time in writing.

I understand that should I choose not to consent to the terms and conditions of CCPC's Privacy Notice, the practice has the right to and will withhold treatment except where required by law.

PATIENT NAME: _____

PATIENT'S SIGNATURE: _____ DATE: _____

INSURED OR GUARDIAN'S SIGNATURE: _____ DATE: _____

The Health Insurance Portability and Accountability Act of 1996 prohibits the use and disclosure of protective health information for treatment, payment, and other healthcare operations without a signed consent and prohibits the use and disclosure of protective health information for non-healthcare related activities with specific and explicit authorization.