Cardiovascular
& Heart Rhythm Associates, PA

HIPAA AUTHORIZATION AND CONSENT FORM

Our notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The notice contains a Patient rights section describing your right under as stated by law. You have the right to review our notice before signing this consent. The terms of our notices may change. Should there be any changes you will be notified should you have any questions or would like to request a copy of the signed authorization, please contact our office accordingly. You have the right to revoke the consent; however, you must do so in writing with official photo identification. Shall you choose to revoke this authorization it shall not affect and disclosures already made based upon prior consent to release information. This form is provided to comply with the Health Insurance Portability Act of 1996 (HIPAA).

By signing this form, I consent to the use and disclosure of my protected health information (medical records, billing records, etc.)

I, the patient, understand the following:

- Protected health information may be disclosed or used for treatment, payment, or other healthcare protocols or procedures.
- The practice has a Notice of Privacy Practices and each patient has the opportunity to review this notice.
- The practice does reserve the right to change their policy.
- The patient has the right to revoke this consent at any time with written notification and proper identification.

EMERGENCY CONTACTS / AUTHORIZED INDIVIDUALS

Person's Name	Relationship	Phone Number
Person's Name	Relationship	Phone Number
Person's Name	Relationship	Phone Number

PHARMACY: _____ PHONE NUMBER: _____

☐ Yes, I give my consent to the practice to electronically download my medication history from the internet database, and understand that it may not include some medications.
☐ No, I do not give consent for my medication history to be electronically downloaded.

_____
Signature of Patient or Legal Representative Date

_____
Witness Signature Date