



SOUTHERN CALIFORNIA HEART SPECIALISTS

“Comprehensive care for the heart. . . from the heart”

Patient Consent for Use and Disclosure of Protected Health Information

The purpose of this form is to comply with the Federal Government mandate to protect patient privacy.

With my consent, Southern California Heart Specialists may use and disclose protected health information about me to carry out treatment, payment and healthcare operations. Please refer to Southern California Heart Specialists’ Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Southern California Heart Specialists reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer at anyone of the locations listed below.

I hereby give consent to Southern California Heart Specialists to release personal health information to:

Please select yes, no and may leave message.

Message	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My home phone _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My mobile cell _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My work phone _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian and/or conservator _____
			Name _____ Phone _____

Specify family members: _____

No test results or health information will be released except to the individuals listed and your treating physicians

Signed _____ Date _____
(Patient or authorized person)

Print Name _____