



PATIENT CONSENT AND CONTACT FORM

Last Name _____ **First** _____ **Middle** _____

Date of Birth ____/____/____ **Soc. Sec. #** ____-____-____

I understand that as a part of my healthcare, Bradenton Heart Center originates and maintains health records describing my health history, symptoms, examination and test result, diagnoses, treatment and any plans for future care or treatment.

I understand that this information serves as:

A basis for planning my care and treatment.

A means of communication among the many healthcare professionals who contribute to my care.

A source of information for applying my diagnosis and surgical information to my bill.

A means by which a third-party payer can verify that services billed were actually provided.

A tool for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

I understand that I have the right:

To object to the use of my health information for directory purposes.

To request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations – and that the organization is not required to agree to the restrictions requested.

To revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

I have been given a copy of the Notice of Privacy Practices.

Does Bradenton Heart Center have permission to:

Send test results to your home? Yes No

Leave the following information on your preferred answering machine/voice mail:

Appointment information Yes No

Billing information Yes No

Medical information Yes No

Leave the following information on your secondary answering machine/voice mail:

Appointment information Yes No

Billing information Yes No

Medical information Yes No

I agree that my Protected Health Information may be shared with the following people:

Full Name Relationship: _____

Full Name Relationship: _____

I understand that I can change any of the foregoing agreements, at any time, by giving written notice to Bradenton Heart Center.

Signature: _____ Date: _____