

Acct# \_\_\_\_\_

**Cardiovascular Specialists, P.C.**  
**PATIENT CONSENT FOR USE AND DISCLOSURE OF**  
**PROTECTED HEALTH INFORMATION**

I hereby give my consent for Cardiovascular Specialists, P.C. to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO).

*Cardiovascular Specialists, P.C/s notice of Privacy Practices provides a more complete description of such uses and disclosures.*

With this consent, Cardiovascular Specialists, P.C. may call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO.

By signing this form, I am consenting to Cardiovascular Specialists, P.C. use and disclosure of my PHI to carry out TPO.

Cardiovascular Specialists, P.C. may review your record for health related benefits, service and treatment alternative research. Cardiovascular Specialists, P.C. may review your record for potential studies that may be of benefit or interest to you, as suggested by your doctor.

\_\_\_\_\_  
**Signature of Patient (or Legal Guardian)**

\_\_\_\_\_  
**Date of birth**

\_\_\_\_\_  
**Print Patient's Name**

\_\_\_\_\_  
**Today's date**

**Additionally, I hereby permit Cardiovascular Specialists, P.C. to discuss (on my behalf) my account with:** \_\_\_\_\_

This authorization permits the above specified individual(s) to discuss all financial related information and/or balances, service level and diagnosis details and Insurance related matters.