HEART SPECIALISTS OF LANCASTER, P.C.

802 New Holland Avenue, Suite 200, Lancaster, PA 17602
Phone (717 291-0700 Fax: (717) 291-9634

446 North Reading Rd, Suite 302, Ephrata, PA 17522
Phone: (717) 738-0167 Fax: (717) 358-0220

Printed Name of Patient: ______________________ **Date of Birth:** ______________________

****** *PLEASE REVIEW AND MAKE A CHOICE OF EITHER "A" OR "B"* ******

☐ **OPTION "A"** **I authorize my family member(s) or personal representative to receive my health care information. Please list the persons to whom we can release information.**

Name: ______________________ Relationship & Contact #: ______________________

Name: ______________________ Relationship & Contact #: ______________________

Name: ______________________ Relationship & Contact #: ______________________

*** ***Please circle YES or NO to each question*** ***

May we leave other medical information on:

Answering machine	Yes	No	Office Voice Mail	Yes	No
With another person	Yes	No	Send through mail	Yes	No

☐ **OPTION "B"** **I do NOT authorize any individual to receive my personal information except for the purposes outlined in the "Consent to Use and Disclose Information for Treatment, Payment or Health Care Operations."** ***Please initial here:*** _

The information below is for the release of information between doctors, hospitals and insurance companies with whom we work to better serve your healthcare needs.

Consent to use or disclose information for treatment, payment or health care operations:

The undersigned PATIENT hereby consents to the use or disclosure of his/her individual Protected Health Information (listed hereafter as "**PHI**"), by Heart Specialists of Lancaster, PC (listed hereafter as "**HSL**") in order to carry out treatment, payment or health care operations. The patient should review our Notice of Privacy Practices for PHI for a more complete description of the potential uses and disclosures of such information. The patient has the right to review such notice prior to signing this consent form.

HSL reserves, for itself, the right to change the terms of this Notice of Privacy Practices for PHI at any time. If we do change the terms of this notice, the patient can request and obtain a copy by submitting a request in writing to our Privacy Officer at: Heart Specialists of Lancaster, P.C., 802 New Holland Ave., Suite 200, Lancaster, PA 17602.

Patient retains the right to request that we further restrict how his/her PHI is used or disclosed in order to carry out treatment, payment or health care operations. We are not required to agree to such requested restrictions; however, if we do agree to the patients' requested restriction(s), such restriction(s) are binding to us.

At all times, patient retains the right to revoke this consent. Such revocation must be submitted in writing to the above listed address. The revocation shall be effective EXCEPT to the extent that we have already taken action upon reliance of the consent.

We may refuse to treat patient if he/she (or authorized representative) does not sign this consent form. If the patient or authorized representative then revokes this consent, we have the right to refuse further treatment or services at the time of revocation.

I HAVE READ THE ABOVE INFORMATION AND AGREE TO THE TERMS LISTED.

Signature of Patient (or authorized representative and relationship): ______________________ Date: ______________________

HIPAA – HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT