



Consent to Use and Disclose Protected Health Information Patient Consent Form

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

FRISCO HEART AND VASCULAR INSTITUTE originates and maintains health records describing health history, symptoms, examination, test results, diagnoses, treatments and any plans for future treatment. This information is utilized to plan your care and treatment, to bill for services provided to you, to communicate with other healthcare providers, and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals. Your protected health information will be used such by FRISCO HEART AND VASCULAR INSTITUTE or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day to day healthcare operations of the practice.

THE NOTICE OF PRIVACY PRACTICES

FRISCO HEART AND VASCULAR INSTITUTE is required to provide you a notice that describes how information about you may be used and disclosed. Additionally, we must provide you information on how you may get access to this information. You have provided a copy of or access to the Notice of Privacy Practices and understand that you have the right to review the notice prior to signing this consent. These policies and procedures are defined in the "Privacy Policy and Procedure" manual in our office and the "Notice of Privacy Practices" brochure provided to you. Please review it carefully.

YOU MAY PLACE RESTRICTIONS ON THE USE OR DISCLOSURE OF YOUR HEALTH INFORMATION

You may request a restriction on the use or disclosure of your protected health information. However, FRISCO HEART AND VASCULAR INSTITUTE may or may not agree to your request to restrict the use or disclosure of your protected health information. You may be asked to complete an authorization to activate this request. Please consult with a practice representative or Vishnu Kalidindi, M.D. if you would like additional information or clarification.

It is a violation of the federal privacy standards if FRISCO HEART AND VASCULAR INSTITUTE agrees and fails to comply with your request, the restriction requested will not affect use and disclosure of your information before the date of the request. If you still have questions after reviewing the Notice of Privacy Practices brochure, please consult with a practice representative or Vishnu Kalidindi, M.D. at the location and contact information listed in the Privacy Policy and Procedure manual.

YOU MAY REVOKE THIS CONSENT AT ANY TIME

You may revoke this consent at any time; however, FRISCO HEART AND VASCULAR INSTITUTE requires that you must revoke this consent in writing. If you choose to revoke this consent, the revocation will not affect use and disclosure of your protected health information before the date of your request.

CHANGES TO PRIVACY PRACTICES

FRISCO HEART AND VASCULAR INSTITUTE reserves the right to change or modify the privacy practices outlined in the Privacy Policy and Procedure manual and the Notice of Privacy Practices brochure. FRISCO HEART AND VASCULAR INSTITUTE will notify you of any changes of privacy practices either by mail, at your next appointment or any other pre-approved method you request.

SIGNATURE

By signing below, you indicate that you have reviewed this consent form, received the brochure entitled “Notice of Privacy Practices” and given permission to FRISCO HEART AND VASCULAR INSTITUTE to use & disclose your protected health information in accordance with this consent and the notice provided.

Name of Patient (print)

Signature of Patient

Date

Patient Representative (if applicable)

Signature of Representative

Date