

**CONSENT FOR RELEASE OF INFORMATION FOR TREATMENT,
PAYMENT & HEALTH CARE OPERATIONS**

I, _____/(D.O.B)_____, hereby authorize Alderfer & Travis Cardiology to use and/or disclose my health information which specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment and health care operations. I understand that while this consent is voluntary, if I refuse to sign this consent Alderfer & Travis Cardiology can refuse to treat me.

I have received or declined a copy of the Notice of Privacy Standards (“Notice”) which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and health care operations.

I understand that I may revoke this consent at any time by notifying Alderfer & Travis Cardiology, in writing, but if I revoke my consent, such revocation will not affect any actions that Alderfer & Travis Cardiology took before receiving my revocation.

I understand that Alderfer & Travis Cardiology has reserved the right to change his/her privacy practices and that I can obtain such changed notice upon request.

I understand that I have the right to request that Alderfer & Travis Cardiology restricts how my individually identifiable health information is used and/or disclosed to carry out treatment, payment or health operations. I understand that Alderfer & Travis Cardiology does not have to agree to such restrictions, but that once such restrictions are agreed to Alderfer & Travis Cardiology must adhere to such restrictions.

I also understand that if I do not put in writing a specific request, Alderfer & Travis Cardiology may leave messages on my answering machine or send notices by mail to release appointment times, lab results, cardiac testing results, billing matters and any other notices necessary for my total health care.

Signature of patient or patient’s representative
(Form *MUST* be completed before signing)

Date

Printed name of patient or patient’s representative

Relationship to the patient

Witness