



# EASTERN CARDIOLOGY, P.A.

Mary Jo Bertsch, MD, FACC, Eric B. Carlson, MD, FACC, FSCAI, Noel Peterson, MD, FACC,  
Mandy Starbuck, MSN, ANP-BC

## PATIENT AUTHORIZATION FORM & NOTICE OF PRIVACY PRACTICE

MEDICAL RECORD # \_\_\_\_\_ DOB \_\_\_\_\_

I hereby authorize you to use or disclose the specific information described below, only for the purposes and parties also described below.

Description of the specific information to be used or disclosed:

*ALL INFORMATION* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the following Person(s) or entity to request information of Protected Health Information concerning myself for use or disclosure:

(list names) \_\_\_\_\_  
\_\_\_\_\_

This information is being requested for the following purposes: (*ANY REASON*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization shall remain in effect from the date signed below until further notice or until the following expiration date or event \_\_\_\_\_.

I understand that:

- I may inspect or copy the protected health information to be used or disclosed.
- I may revoke this authorization in writing by contacting your office at the address above, attention Privacy Officer.
- Information used or disclosed pursuant to the authorization may be subject to re disclosure by the recipient and no longer be protected by HIPAA.
- I may refuse to sign this authorization and that you will not condition treatment or payment on me providing this authorization (except to the extent that the authorization is for research-related treatment, in which case you may refuse to provide that research-related treatment).

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Private Practices*.

Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Email: \_\_\_\_\_