

**CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION**

I, \_\_\_\_\_ understand that as part of my healthcare, Mobile  
(Print Patient's Name)

Heart Specialists originates and maintains health records describing my health history, symptoms, examinations, test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- ❖ A basis for planning my care and treatment,
- ❖ A means of communication among the many health professionals who contribute to my care,
- ❖ A source of information for applying my diagnosis and surgical information to my bill,
- ❖ A means by which a third-party payer can verify that services billed were actually provided,
- ❖ A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals,
- ❖ A basis for Mobile Heart Specialists, P.C. to review my health information and consider my potential eligibility for recruitment into various clinical trials.

I have been provided the opportunity to review Mobile Heart Specialists *Notice of Privacy Practices* for Protected Healthcare Information that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization **is not** required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

I fully understand and accept the terms of this consent.

\_\_\_\_\_  
Signature of patient or responsible party

\_\_\_\_\_  
Date

---

---

**\*\*\*E-mail/Text Message Communications\*\*\***

By signing below and providing the relevant contact information requested I consent to allow Mobile Heart Specialists to communicate with me via e-mail and/or text messaging. I understand that communications via e-mail or text messaging may not be secure and my personal health information could be intercepted and breached. I agree that the company will not be liable for the protection of my health information that I have requested be communicated via e-mail or text messaging.

I consent to Mobile Heart Specialists sending communications to me via:

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Cell phone number, including area code

I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

\_\_\_\_\_  
Signature of patient or person responsible

\_\_\_\_\_  
Date