Mobile Heart Specialists, P.C.

Cellphone, Text and Email for Appointment Reminders and Other Healthcare Communication:

Mobile Heart Specialists utilizes text, automated telephone system and/or email to contact patients for the purposes of notifying them of a pending appointment(s), other healthcare related communication and collection purposes. By signing below, you authorize Mobile Heart Specialists to disclose to third parties who answer your phone limited protected health information regarding pending appointments, account balances and to leave a reminder message on your voicemail system or answering machine. Email communication will be through the secure patient portal. You understand that communications via text messaging or email may not be secure and personal health information could be intercepted and breached. Consent may be withdrawn in writing. Withdrawing consent would affect future communications only.

Email address _____

Lab and/or Test Results:

Lab results are available on the patient portal. If the lab results indicate that additional follow up is required or a change in therapy is indicated, then our staff will contact you.

If you have tests, other than lab tests, those results will be communicated to you in a timely manner. In the event you have not heard from us within 2 weeks of your testing, please contact the office.

Notice of Privacy Practices:

You should read the Notice of Privacy Practices for Protected Health Information (PHI) posted in our lobby, on our website, and a copy of which is available to you upon request before signing the Consent. The terms of the Notice may change from time to time, and you may always get a revised copy of it by asking the Privacy Officer for this Practice.

You have the right to request that the Practice restrict how PHI is used or disclosed to carry out treatment, payment, or health care operations. You must request this restriction in writing and the appropriate form will be provided to you upon request. The Practice is not required to agree to requested restrictions, however; if the Practice agrees to your requested restrictions, the restriction is binding on it.

Information about you is protected under federal law, and you have the right to revoke this Consent, unless we have taken action in reliance on your authorization (as determined by our Privacy Officer). By signing below, you recognize that the protected health information used or disclosed pursuant to this Consent may be subject to re-disclosure by the recipient and may no longer be protected under federal law.

Disclosures to Family Members and/or Friends:

In order for the Mobile Heart Specialists physicians and/or staff members to discuss your condition with your family member or other individuals (this is someone other than yourself or your doctors) that you designate, we must obtain your permission. Information that may be discussed includes but is not limited to: past and current medical condition, treatment, billing information, appointment scheduling, prescriptions, etc. In the event of a critical episode or if you are unable to sign your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

☐ I **do not** authorize the practice to release any information concerning my medical care to any individual

☐ I **authorize** the practice to release information concerning my medical care to the individuals listed below.

☐ I **authorize** the practice to view my prescription history from external sources (other doctors, pharmacies, etc.)

Please list below any specific individuals that you authorize us to speak with regarding your health information. If you leave the below blank, no information will be released to anyone else.

Name:_____ Relationship:_____ Phone #:_____

Name:_____ Relationship:_____ Phone #:_____

Name:_____ Relationship:_____ Phone #:_____

Patient/Representative may revoke or modify this specific authorization. That withdrawal or modification must be in writing.

_____ _____

Patient's Signature Date

_____ _____

Personal Representative Signature (If applicable) Date

As a personal representative, I have authority to act for the individual because I am the individual's:

_____