CARDIOLOGY SPECIALISTS OF VIRGINIA-NOTICE OF HEALTH INFORMATION PRACTICES-INDIVIDUAL PATIENT'S AUTHORIZATION

Use and Disclosure of Your Medical Information

Please provide the name(s) of person(s), if any, to whom you allow Cardiology Specialists of Virginia to use and/or disclose your protected health information. Specify the information (e.g., test results, appointment information, etc.) under allowed disclosures. We will not use or disclose your medical information for any purpose not listed below, without your specific authorization. Any specific written authorization you provide may be revoked at any time by writing to us. I understand that I may revoke this authorization at any time by giving written notice to the Privacy Officer. However, I understand that I may not revoke this authorization for any actions taken before receipt of my written notice to revoke this authorization. I, the individual patient (or personal representative) named below, voluntarily give my authorization to use or disclose my protected health information as described below.

Name & Relation	**Allowed Disclosures**
_____	_____
_____	_____
_____	_____

I authorize Cardiology Specialists of Virginia to leave messages regarding my health care on my telephone answering systems at home, work, or voice mail as indicated on my Cardiology Specialists of Virginia registration form.

I have had the chance to review the content of this authorization form and I accept the statements made in this authorization. I understand, by signing this form, I am confirming my authorization for use and/or disclosure of the protected health information described in this form with the people and or organizations named in this form.

Printed Patient's Name_____

Signature: _____ Date:_____

If this authorization is signed by personal representative for the individual patient:

Personal Representative Name: _____
Print Name

_____
Signature

Relationship to Individual Patient: _____

YOU HAVE A RIGHT TO HAVE A COPY OF THIS INFORMATION AFTER YOU SIGN IT.
The original will be included in your individual patient medical record.