



**PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

I hereby give me consent for Pediatric Cardiology Services, LLC. to use and disclose protected health information (PHI) about me to carry out treatment and healthcare operations (TPO).

Pediatric Cardiology Services, LLC.'s Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy practices prior to signing this consent.

Pediatric Cardiology Services, P.C. reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of privacy Practices may be obtained by forwarding a written request to Pediatric Cardiology Services, LLC's privacy Officer at 500 Medical Center Blvd Suite 340 Lawrenceville GA 30046.

With this consent, Pediatric Cardiology services, LLC. may call my home or other alternative location and leave a message on a voice mail or in person in reference to any items that assist the practice in carrying out the TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, Pediatric Cardiology services, LLC. may e-mail to my home or other alternative location any items that assist the practice in carrying out the TPO, such as appointment reminders, and patient statements. I have the right to request that Pediatric Cardiology Services, P.C. restrict how it uses or discloses my PHI to carry out TPO

However, the practice is not required to agree to my request restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Pediatric Cardiology Services, LLC.'s use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do sign this consent, or later revoke it, Pediatric Cardiology Services, LLC. may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patient's Name

Date

Print Name of Patient or Legal Guardian