

Coastal Cardiovascular Consultants, P.A.

Patient Consent for Use and Disclosure of Protected Health Information
&
Receipt of Notice of Privacy Practices

With my consent, Coastal Cardiovascular Consultants, P.A. may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to Coastal Cardiovascular Consultant's Notice of Privacy Practices (Notice) for a more complete description of such uses and disclosures.

I agree that Coastal Cardiovascular Consultants, PA may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit's payers for treatment purposes. I also agree to allow Coastal Cardiovascular Consultants, PA to share my prescription medication history with other healthcare providers and treatment facilities.

I have the right to review the Notice prior to signing this consent and a copy has been provided to me for review. Coastal Cardiovascular Consultants reserves the right to revise its Notice at any time. A revised Notice may be obtained by forwarding a written request to Coastal Cardiovascular Consultant's Privacy Officer at 459 Jack Martin Blvd. Suite 2, Brick, NJ 08724.

With my consent, Coastal Cardiovascular Consultant's may communicate with others in carrying out TPO according to the provisions of the Notice of Privacy Practices.

With my consent, Coastal Cardiovascular Consultants may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements, as long as they are marked "Confidential."

By signing this form I acknowledge I had the opportunity to review the Notice of Privacy Practices and a copy was available to me if I chose to take one. I am consenting to Coastal Cardiovascular Consultant'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 not sign this consent, Coastal Cardiovascular Consultant's may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date

Print Patient's Name