MANATEE CARDIOVASCULAR WELLNESS INSTITUTE

**PATIENT CONSENT & CONTACT INFORMATION**

PATIENT NAME (LAST, FIRST, MI) _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

I understand that as a part of my healthcare, Manatee Cardiovascular Wellness Institute originates and maintains health records describing my health history, symptoms, examination and 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 healthcare 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 care quality and reviewing the competence of healthcare professionals.

I understand that I have the right.

To object to the use of my health information for directory purposes.
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.
To revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

I have been given a copy of the Name of Privacy Practices.

Does Manatee Cardiovascular Wellness Institute have permission to:

Send test results to your home? □ Yes □ No
Leave the following information on your preferred answering machine/voicemail:
Appointment information □ Yes □ No
Billing Information □ Yes □ No
Medical Information □ Yes □ No
Leave the following information on your secondary answering machine/voicemail:
Appointment information □ Yes □ No
Billing Information □ Yes □ No
Medical Information □ Yes □ No

I agree that my Protected Health Information may be shared with the following people:

_____ Relationship: _____
Full Name

_____ Relationship: _____
Full Name

I understand that I can change any of the foregoing agreements, at any time, by giving written notice to Manatee Cardiovascular Wellness Institute.

Signature: _____ Date: _____