

PRINCE WILLIAM CARDIOLOGY ASSOCIATES

Privacy Disclosure Form

We put our hearts into treating yours!

Prince William Cardiology Associates respects your right to privacy. You, as a patient, have the right to make certain choices about the uses and disclosures of your health information. Please read each statement carefully and fill in the appropriate boxes. Any information you authorize for use and disclosure may be re-disclosed and is no longer protected by federal privacy regulations.

I authorize and consent to the release of my health information to the following individual(s):

Specific name of individual

Relationship

Additional named individual(s):

Relationship

NOTE: Prince William Cardiology Associates reserves the right to implement stricter privacy standards under certain circumstances which it deems necessary for the protection of the patient.

I acknowledge that I have had the opportunity to read the Notice of Privacy Practices of Prince William Cardiology Associates and have had the opportunity to ask questions about the information provided in the notice and that I may request a paper copy of the Notice. I understand that I have the right to request other reasonable requests regarding confidential communications by contacting the privacy officer as specified in the Notice of Privacy Practices.

X _____
Signature of patient or patient's representative

Date

Printed name of patient or patient's representative

Relationship