KSC Cardiology, P.A.

We manage the world of Cardiovascular Disease

Release of Personal Health Information (PHI)

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PLEASE PRINT PATIENT NAME:

The Health Insurance Portability & Accountability Act (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally be kept confidential.

The doctors and staff at KSC Cardiology, PA may release information on my health to the following individuals:

( ) Spouse: ______________________________ Phone No. ________________________

( ) Other: ______________________________ Phone No. ________________________

I understand that if my protected health information is disclosed to someone who is not required to comply with the federacy privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
I understand that I have a right to revoke this authorization at any time. My revocation must be in writing and addressed to my physician at this practice. I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

I understand that I do not have to sign this authorization and that my refusal to do so will not affect my abilities to obtain treatment nor will it affect my eligibility for benefits.

Patient Signature: **Date:**