

Gulf Coast Cardiothoracic and Vascular Surgeons

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Gulf Coast Cardiothoracic and Vascular Surgeons may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Gulf Coast Cardiothoracic and Vascular Surgeon's Notice of Privacy Practices for 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. Gulf Coast Cardiothoracic and Vascular Surgeons 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 Gulf Coast Cardiothoracic and Vascular Surgeons at 8010 Summerlin Lakes Drive, Suite 100, Fort Myers, FL 33907.

With my consent Gulf Coast Cardiothoracic and Vascular Surgeons may call my home or other designated locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results, and pathology results among others.

With my consent, Gulf Coast Cardiothoracic and Vascular Surgeons may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as patient statements, laboratory results and pathology results.

I have the right to request that Gulf Coast Cardiothoracic and Vascular Surgeons restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing the form, I am consenting to Gulf Coast Cardiothoracic and Vascular Surgeons use and disclosure of my PHI to carry out TPO.

This is a lifetime consent, however, I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. My written revocation must be submitted to Privacy Officer at Gulf Coast Cardiothoracic and Vascular Surgeons, 8010 Summerlin Lakes Dr., #100, Ft. Myers, FL 33907. If I do not sign this consent, Gulf Coast Cardiothoracic and Vascular Surgeons may decline to provide treatment to me.

Signature of Patient or Legal Representative

Date

Print Patient's or Legal Representative's Name