

Premier Cardiology Consultants, PLLC.

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As a result of the Health Insurance Portability and Accountability Act (HIPAA), enforced by the US Department of Health and Human Services Office of Civil Rights, we are not permitted to release patient information except as stated in the Notice of Privacy Practices, or in accordance with your wishes as stated below.

This waiver authorizes Premier Cardiology Consultants, PLLC to send/give my medical information as noted:

Leave a voicemail recording including my personal health information on my home/cell phone:  Yes  No

Leave a voicemail recording including my personal health information on my business phone:  Yes  No

Permit the individual stated below (Personal Representative) to receive prescriptions and/or test results:  Yes  No

Speak to a family member of my choosing (Personal Representative) regarding my personal health information:  Yes  No

Name of Personal Representative: \_\_\_\_\_

On this date \_\_\_\_\_, I have received and reviewed Premier Cardiology Consultants, PLLC's Notice of Privacy Practices, which describes how my medical information may be used and disclosed and explains how I can get access to this information.

By signing below, I acknowledge that I have had an opportunity to raise questions regarding this policy and all of my questions have been answered.

The authorizations made above will remain effective until such time as I notify Premier Cardiology Consultants, PLLC by certified mail at the above address of requested changes.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Phone Number