

CONSULTANTS IN CARDIOLOGY & ELECTROPHYSIOLOGY LLC

A. TOM PETROPULOS, M.D., F.A.C.C.
THOMAS E. BUMP, M.D., F.A.C.C., F.H.R.S.
JOHN H. BURKE, M.D., F.A.C.C., F.H.R.S.
NOURI AL-KHALED, M.D., F.A.C.C.
WILLIAM H. SPEAR, M.D., F.A.C.C., F.H.R.S.
CHADI NOUNEH, M.D., F.A.C.C.

ALI R. ZAIDI, M.D.
WASSIM BALLANY, M.D.
LUAY RIFAI, M.D.
ABHIMANYU SAINI, M.D.
VINAY ARORA, M.D.

**CONSENT FOR RELEASE AND USE OF CONFIDENTIAL
INFORMATION/NOTICE OF PRIVACY PRACTICE**

I, _____, hereby give my consent to Consultants in Cardiology & Electrophysiology LLC
(Name of Patient or Authorized Agent)

to use or disclose, for the purpose of carrying out treatment, payment, or health care operations, all information contained in the patient record of _____.
(Patient's name)

I acknowledge receipt of the physician's **Notice of Privacy Practice**. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved a right to change his or her privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided by me or made available with each office visit after the change and upon request.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to the physician. I also understand that I will not be able to revoke this consent in cases where the physician has already relied on it to use or disclose my health information. Written revocation of consent must be sent by the physician's office.

Signed: _____ Date: _____

If you are not the patient, please specify your relationship to the patient _____.

Due to Federal HIPPA regulations, Consultants in Cardiology & Electrophysiology LLC may not release any information regarding your condition without your written permission. Please designate any family members and/or persons to whom we may discuss and /or release information relative to your condition and sign below.

I, _____, give Consultants in Cardiology & Electrophysiology LLC and its representatives permission to discuss and/or release my personal and private medical information to/with.

Name Address City/State/Zip Phone

Relationship to Patient: _____ Patient's Signature: _____

Name Address City/State/Zip Phone

Relationship to Patient: _____ Patient's Signature: _____

CONSENT FORM DEFINITIONS

“Health care operations” refers to large numbers of activities, including:

1. Conducting quality assessment and improvement activities, including outcome evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
2. Reviewing the competence or qualifications or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in the area of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
3. Underwriting, premium rating, and other activities relating to creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
5. Business planning and development, such as conducting cost management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
6. Business management and general administrative activities including but not limited to: (a) management activities relating to HIPPA privacy rule compliance; (b) customer service, including the provision of data analyses for policy holders, plan sponsor, or customer; (c) resolutions of internal grievances; (d) due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is covered entity or, following completion of the sale or transfer, will become a covered entity; and (e) creating de-identified health information, fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required.

“Payment” means the activities undertaken by the physician to obtain reimbursement for the provision of health care. These activities referred to in this definition relate to whom health care is provided and include, but are not limited to:

1. Determination of eligibility coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
2. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;
3. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
4. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and
5. Disclosure to consumer reporting agencies of any of the following information relating to reimbursement: name and address, date of birth, Social Security number, payment history, account number, and name and address of the physician.

“Treatment” means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider or another.

“Use” means the sharing, employment, application, utilization, examination, or analysis of patient information within the physician’s practice that maintains such information.

CONSULTANTS IN CARDIOLOGY & ELECTROPHYSIOLOGY LLC

5151 W. 95TH Street, Second Floor
Oak Lawn, Illinois 60453
Phone (708) 346-5562
Fax (708) 346-2059

2850 W. 95TH Street, Ste 202
Evergreen Park, ILLINOIS 60805
Phone (708) 581-4592
Fax (708) 581-4809

11800 SOUTHWEST HWY, Ste 209
Palos Heights, ILLINOIS 60463
Phone (708) 346-5562
Fax (708) 346-2059

18210 S. LAGRANGE RD, Ste 102
Tinley Park, ILLINOIS 60477
Phone (708) 346-5562
Fax (708) 346-2059

Privacy Officer: Consultants in Cardiology & Electrophysiology LLC Office Manager

Effective Date: September 21, 2016

Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We care about our patients’ privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this notice, please contact the Privacy Officer at this practice.

Who Will Follow This Notice

Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

For Treatment. We may use medical information about you to provide you with medical treatment or services.

Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medications we prescribe for the treatment process.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or a third party. Example: We may need to send your protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment.

For Health Care Operations. We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

Other Uses or Disclosures That Can Be Made Without Consent or Authorization

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To workers’ compensation or similar programs for processing of claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Other healthcare providers’ treatment activities
- Other covered entities’ and providers’ payment activities

- Other covered entities' healthcare operations activities (to the extent permitted under HIPAA)
- Uses and disclosures required by law
- Uses and disclosures in domestic violence or neglect situations
- Health oversight activities
- Other public health activities

We may contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to you.