

PHOENIX HEART PLLC

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Building E, Suite 101
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Patient Consent for Use and Disclosure of Health Information

I hereby give my consent for PHOENIX HEART PLLC to use and disclose protected health information about me to carry out treatment, payment, and health care operations. The Notice of Privacy Practices provided by PHOENIX HEART PLLC describes such uses and disclosures more completely.

I have the right to review the Notice of Privacy Practices prior to signing this consent. PHOENIX HEART PLLC reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to MARY BOEHM, 5859 W. Talavi Blvd., SUITE 100, GLENDALE ARIZONA 85306

With this consent, PHOENIX HEART PLLC may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out health care operations, such as appointment reminders, insurance items. Any calls pertaining to my clinical care, including laboratory test results, among others will be Med Voiced for patient retrieval.

With this consent, PHOENIX HEART PLLC may mail to my home or other alternative location any items that assist the practice in carrying out health care operations, such as appointment reminder cards and patient statements.

I have the right to request that PHOENIX HEART PLLC restrict how it uses or discloses my personal health information to carry out health care operations. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow PHOENIX HEART PLLC to use and disclose my personal health information to carry out health care operations.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, PHOENIX HEART PLLC may decline to provide treatment to me.

Signed by: _____
(patient or legal guardian)

Date: _____

Relationship to Patient: _____