

***Patient Consent for Use and Disclosure
of Protected Health Information***
Health Insurance Portability and Accountability Act (HIPAA)
Walker Heart Institute Cardiovascular Clinic

With my consent, Walker Heart Institute Cardiovascular Clinic may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Walker Heart Institute Cardiovascular Clinic'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. Walker Heart Institute Cardiovascular Clinic 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 Walker Heart Institute Cardiovascular Clinic and the Privacy Officer at 3211 N. North Hills Blvd., Suite 110, Fayetteville, AR 72703.

Walker Heart Institute Cardiovascular Clinic may call your home or other designated location and leave a message on an answering machine, voice mail, in person or with an individual that answers the phone in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, clinical care, laboratory and test results and any other items related to TPO. We may call your place of employment to give you information about your visit or send an email to the address you provide. We may discuss your care with your caregiver, the person who brings you to our office or to relatives who have shown an interest in your care. We may schedule appointments for follow-up visits, diagnostic tests, admits or hospital procedures while you or a designated person is at our check-out window or other designated areas within the clinic.

I authorize WRMC operators in their role as an answering service to release my protected health information utilizing the pager system or text messaging.

Walker Heart Institute Cardiovascular Clinic may mail to your home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards, laboratory and test results and billing statements.

I have the right to request that Walker Heart Institute Cardiovascular Clinic 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 this form, I am consenting to Walker Heart Institute Cardiovascular Clinic's use and disclosure of my PHI to carry out TPO.

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, Walker Heart Institute Cardiovascular Clinic may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Patient's Name

Date

Print Legal Guardian's Name

Date of Birth

Account Number