

Southern Tennessee Cardiology

Dr. Mircea Basaraba, MD

2210 Cowan Hwy

Winchester, TN 37398

931-967-7227

Patient Authorization for use and disclosure of Protected Health Information

By Signing, I authorize Dr. Mircea Basaraba of Southern Tennessee Cardiology to use and/or disclose certain protected health information (PHI) about me to the following:

1. _____ 2. _____

This authorization permits Dr. Mircea Basaraba of Southern Tennessee Cardiology to use and/or disclose the following individually identifiable health information about me. The information will be used or disclosed for the following purpose:

1. At the request of the individual
2. For the purpose of payment, treatment, or in the course of normal healthcare operations.

The practice will not receive payment or other remuneration from a third party in exchange for using or disclosing the PHI.

I do not have to sign this authorization in order to receive treatment from Dr. Mircea Basaraba of Southern Tennessee Cardiology. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the privacy officer at:

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Signature of patient/ Legal Guardian _____ Date _____

- Patient or guardian must be provided with a signed copy of this authorization form.