

San Diego Cardiovascular Associates

320 Santa Fe Dr. #204, Encinitas, CA 92024
Tel 760-944-7300 Fax 760-633-3949

9850 Genesee Ave. #780, La Jolla, CA 92037
Tel 858-824-2900 Fax 858-824-2910

Patient Name: _____

DOB: _____

**Patient Consent to Obtain/Disclose Private Health Information
for Treatment, Payment or Healthcare Operations**

I hereby authorize **San Diego Cardiovascular Associates** (SDCVA), to obtain, and my other providers to release, any and all medical records concerning my care from any physician, hospital or other health care professional that has provided medical care to me. This would include receiving these records via fax, e-mail and/or internet and may be prior to my appointment to better serve me.

Referring Doctor _____ Phone _____ Fax _____

- Included Records
- Recent Progress Note
 - Referral Information
 - Most Recent EKG
 - Most Recent Laboratory Reports
 - Patient Registration
 - Patient Insurance Info

Other: _____

Signature _____ Date _____

I understand that as part of my health care SDCVA originates electronic medical records and may maintain paper medical charts and/or describing my health history, symptoms, examinations and test results, diagnoses, treatment and any plans for future care or treatment.

I understand that as a part of SDCVA treatment, billing, or health care operations, it may become necessary to disclose my protected health information to referring physicians, hospitals, and any insurance company, third party administrator, or managed care company. This would include disclosures via fax, e-mail and/or internet.

I understand that this information serves as a basis for planning my medical treatment and communication among health professionals who contribute to my care, a source of information for applying my diagnosis and surgical information to my bill, to verify services billed were actually provided, a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

Signature _____ Date _____