

PREMIER HEART GROUP



LESLIE E. MEZEI, MD, FACC

**PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION
AND
RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGMENT FORM**

I hereby give my consent for Premier Heart Group, LLC to use and disclose protected health information **(PHI)** about me to carry out treatment, payment and health care operations **(TPO)**. Premier Heart Group, LLC Notice of Privacy Practices provides me with a more complete description of such uses and disclosures **and a copy was made available to me today.**

(Initials)

With this consent, Premier Heart Group, LLC **may call my home or other alternative telephone numbers that I supplied and leave a message on voice mail or in person (i.e. spouse or other family members, etc.)** in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance and any calls pertaining to my clinical care (i.e. test results).

(initials)

With this consent, Premier Heart Group, LLC **may mail to my home or other alternative location that I supplied** any items that assist the practice in carrying out TPO, such as appointment reminders, patient statements and test results.

(Initials)

I have the right to review the Notice of Privacy Practice's prior to signing this consent. Premier Heart Group, LLC reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice may be obtained by forwarding a written request to Dorothy Bury, Privacy Officer, Premier Heart Group, LLC, 121 St. Luke's Center Drive, Suite 501, Chesterfield, Missouri 63017.

I have the right to request that Premier Heart Group, LLC 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 Premier Heart Group, LLC'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, or later revoke it, Premier Heart Group, LLC may decline treatment to me.

(Signature of Patient or Legal Guardian)

(Print Name of Patient or Legal Guardian)

(Updated 08/16)

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