

Patient Information Disclosure
Please Print Legibly

CardioFit Medical Group, Inc.
Leonard J. Scuderl, M.D., F.A.C.C.

In general, the HIPAA privacy rule gives individuals the right to refuse a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means. **Please list at least one phone number and mark what information can be left in a voicemail to that number:**

Preferred Phone: (_____) _____ - _____

- Leave message with detailed information
- Leave message with call-back number only

Alternate Phone: (_____) _____ - _____

- Leave message with detailed information
- Leave message with call-back number only

CardioFit Medical Group, Inc. uses a HIPAA-compliant, secured email service for sending protected health information (PHI) and other sensitive information via email. The individual may ask the office staff for detailed, written instructions on how to navigate this service. Alternatively, the individual may choose to waive the use of secured email and will be directly sent PDF copies of their PHI and other sensitive information.

EMAIL ADDRESS 1: _____

EMAIL ADDRESS 2 (optional): _____

- UNSECURED EMAIL:** I understand the potential risks and will not hold CardioFit Medical Group, Inc. liable for actions and/or events that result from my decision to choose the use of unsecured email. I accept ultimate responsibility for the release of any PHI covered by HIPAA. I authorize CardioFit Medical Group, Inc. to email my office notes, laboratory results, and other medical or financial information related to the services rendered at CardioFit Medical Group through unsecured email to me at the email address(es) above.

I hereby consent to the release of protected health information (PHI) to the following individuals. I accept that PHI will automatically be sent to my primary care physician. I understand this authorization will be in effect until which time it is revoked. Please list as many names as you would like.

NAME: _____ RELATIONSHIP: _____
LAST FIRST

NAME: _____ RELATIONSHIP: _____
LAST FIRST

NAME: _____ RELATIONSHIP: _____
LAST FIRST

COMPLETED BY (PRINT NAME): _____
SIGNATURE: _____ TODAY'S DATE: _____