



Comprehensive Cardiovascular

Leading the fight against heart disease

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Lake Isabella

Phone: (760) 379-1600

PATIENT CONSENT FORM

Patient's Name: _____

Address: _____ City: _____

CA, Zip _____ Phone () _____ Fax () _____

Privacy Officer (PO): Ruth Walker (661) 631-5544 ext. 107

Office Manager (OM): Teresa Barrera-Simpkins (661) 631-5544 ext. 104

- Posted in our lobby is our *Notice of Privacy Practices*. It provides information about how our office may use and disclose your Protected Health Information (PHI);

You have the right to review our Notice of Privacy Practices before signing this *Patient Consent Form*. Please take the time to do so now. A copy is attached.

You have the right to request that we restrict how your PHI is used or disclosed for Treatment, Billing/Payment, or Medical Office Operations. *Request for Restriction of PHI* must be submitted to the OM in writing and signed by you as specified in our Notice;

- Our office does not have to agree with your *Request for Restriction of PHI*. If we agree to your *Request for Restriction of PHI*, we shall honor that agreement.

You have the right to revoke this *Patient Consent Form*. *Revocation of Consent* must be submitted to the OM in writing and signed by you as specified in our *Notice*;

- A *Revocation of Consent*, does not affect disclosures made prior to the date the *Revocation* was made.

- Our *Notice of Privacy Practices* may change from time-to-time. If it does, you will receive a “revised” *Notice* on the first visit after changes to the *Notice* were made.

- **Your signature below** signifies your consent to the use and disclosure of your PHI by our office during treatment, Billing/Payment, and Medical Office Operations as outlined in our Notice.

- Our office may condition treatment upon execution of this *Patient Consent Form*.

- This Form is provided to you so that our office may comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This Patient Consent was signed by: _____
(Print Name of Patient or Representative)

(Relationship to Patient)

Patient's Signature

Date

Witnessed by: R. Walker or Teresa Barrera-Simpkins
(Print Name of Privacy Officer or Office Manager)

Privacy Official or Office Manager
(Title)

Signature

Date