



California Heart & Vascular Clinic
Athar Ansari, M.D., INC. Cardiology
790 W. Orange Ave., Ste. B
El Centro, CA 92243

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CONSENT FORM TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

By signing this form, you are granting consent to Athar M. Ansari, M.D., Inc. to use and disclose your protected health information for the purposes of treatment, payment and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

Our *Notice of Privacy Practice* is subject to change. If we change our notice, you may obtain a copy of the revised notice at our office.

If you have any questions about our *Notice of Privacy Practices*, please contact:

Privacy Officer

790 W. Orange Ave, Ste. B

El Centro, CA 92243

(760) 353-3222 for Athar Ansari, MD, Inc.

You have the right to request us to restrict how we use and disclose your protected health information for the purposes of treatment, payments or health care operations. We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

Signature (patient/parent/conservator/guardian)

Date