



6601 Preston Road  
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(469) 326-3400  
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**Authorization for Disclosure of Medical Information  
Legacy Heart Center**

Legacy Heart Center may use and disclose protected health information about me to carry out treatment, payment and healthcare operations. Legacy Heart Center may send me mail or call my home in regards to appointment reminders, billing issues, insurance issues and any issue pertaining to clinical care such as laboratory or test results. In addition, Legacy Heart Center may email me regarding appointment reminders. My health information may be reviewed for research purposes within Legacy Heart Center.

Please refer to Legacy Heart Center's Notice of Privacy Practices for a more complete description of such uses and disclosures. I have the right to review the Notice of Privacy Practices at any time.

In addition, Legacy Heart Center (**Please initial the following statements**):

May /  May NOT    Leave me voicemail messages

May /  May NOT    Speak to family members that answer my phone

May /  May NOT    Obtain my medication list from my insurance company

I understand and have been provided with a Notice of Patient Privacy handout that provides a more complete description of information uses and disclosures. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the office is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the office has already taken action in reliance thereon.

\_\_\_\_\_  
Patient Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Date of Birth: \_\_\_\_\_