El Centro de Corazón

Name of Client: _____ **Date of Birth:** _____ **MRN:** _____

ACKNOWLEDGEMENT OF RECEIPT OF

NOTICE OF PATIENT PRIVACY RIGHTS & PATIENT AND CENTER RIGHTS AND RESPONSIBILITIES

I have received a copy of the "Notice of Patient Privacy Rights" and the “Patient and Center Rights and Responsibilities” informing me of my rights as a patient of El Centro de Corazón. I understand that as part of my care or the care of my child, this agency originates and maintains records describing my/his/her health history, symptoms, examination and test results, diagnosis, treatment and plans for future care or treatment.

I understand that this information serves as (1) a basis for planning my care and treatment as well as and my children’s; (2) a means of communication among the many professionals who contribute to my care; (3) a means by which a third-party payers can verify that services billed were actually provided; (4) a tool for routine care operations, such as assessing care quality and reviewing competence of care professionals.

I understand that I have the right: (1) to request restrictions as to how my information may be used or disclosed to carry treatment, and payment. However, I acknowledge that the agency is not required to agree to the restrictions requested. (2) to revoke this consent in writing, except to the extent that the agency has already taken action in reliance thereon.

I request the following restrictions to the use or disclosure of my health information:

_____

_____

_____

Initial: _____

I consent to the use and disclosure of information for treatment, payment, or operations in the course of my care or that of my child.

_____	_____	_____	_____
Print name (Parent or legal guardian if patient is a minor)	**Signature**	**Relationship**	**Date**

If a person other than the parents or legal guardian is signing this authorization on behalf of the patient, fill out the following:

Name of the person signing:_____ **Relationship with the patient:**_____

ID number: _____ **State:**_____ **Phone number:** _____

_____ _____

Signature **Date**