

Cardiology Associates of West Alabama, P.C.

North River Medical Center
4401 Watermelon Road
Northport, AL 35473

PRIVACY AND INFORMATION AUTHORIZATION

The undersigned agrees that Cardiology Associates of West Alabama will, when required, release certain information to our business associates for the operation of the entity this may include, identifying information, diagnosis, treatment, and other information that may be necessary for the overall care and disposition of claims for the patient. This information is called HPI, which is Health Protected Information.

We will not release any other information, unless specifically requested by the patient or legal guardian, specified in writing. To this end, the patient has specified the following to have access/permission to their medical/financial record.

NAME	RELATIONSHIP	PHONE#

_____ I hereby authorize Cardiology Associates of West Alabama to communicate with me concerning my PHI through email or texting.

_____ I hereby authorize Cardiology Associates of West Alabama to leave a detailed message with family members or answering machine regarding appointment reminders, lab/test results, or medication changes, as directed by my physician.

Signature of Patient or Legal Guardian

Printed Name of Patient

Date