New York Cardiology Associates P.C.

HOLLY S. ANDERSEN, M.D.
ROBERT D. CAMPAGNA, M.D.
FREDERICK J. FEUERBACH, M.D.
HARVEY L. GOLDBERG, M.D.
KIRSTEN O. HEALY, M.D.
LAWRENCE A. KATZ, M.D.
MARTIN R. POST, M.D.
ALLISON SPATZ, M.D.

PATIENT CONSENT FORM

1. I acknowledge that I may request a copy of New York Cardiology Associates' (NYCA) HIPAA Privacy Notice, which describes their obligation to ensure the privacy of my health information. The HIPAA Privacy Notice also describes how NYCA may use and disclose my health information for treatment, payment, and health care operations. I know that I have the right to review NYCA's HIPAA Privacy Notice and to ask questions about it. I understand that NYCA is required to maintain the privacy of my health information in accordance with the terms of its HIPAA Privacy Notice.

2. I further acknowledge that NYCA can change its HIPAA Privacy Notice in the future and that I can receive a copy of NYCA's current HIPAA Privacy Notice at any time by contacting the Privacy Officer.

3. I understand that I have the right to request that NYCA restrict its uses and disclosures of my health information for treatment, payment, or health care operations. If accepted, these restrictions will be binding on NYCA. However, I understand that NYCA is not required to agree to my requested restrictions.

4. I understand that I have the right to revoke this consent at any time in writing. However, it will not affect any actions NYCA has already taken in compliance with this consent.

5. I know that I have the right to refuse to sign this consent. However, should I refuse, NYCA may refuse to provide me with non-emergency care.

I fully understand and [ ] **accept** [ ] **decline** the terms of this consent.

_____	_____	_____
Printed name of patient	Signature of patient or representative	Date

_____	_____
Printed name if signed on behalf of the patient	Relationship to patient

I do not request any restrictions on NYCA's uses or disclosures of my health information for treatment, payment, or health care operations.
_____ (Initial)

425 East 61st Street • New York, New York 10065 • Phone: 212.752.2000 • Fax: 212.752.5822

NewYork-Presbyterian
The University Hospital of Columbia and Cornell