

1203 N. High Street, Unit B  
Millville, NJ 08332  
Phone: 856-293-7466

**PATIENT CONSENT FOR USE AND DISCLOSURE  
OF PROTECTED HEALTH INFORMATION (PHI)**

With my consent, South Jersey Cardiology, P.C. may call my home or office and leave a message on voicemail, answering machine or in person in reference to any items that assist the practice in carrying out treatment, payment and healthcare operations (TPOs) such as appointment reminders, insurance items, and any call pertaining to my clinical care, including laboratory results among others.

**SIGNATURE & DATE** \_\_\_\_\_

With my consent, South Jersey Cardiology, P.C. may mail to my home any items that assist the practice with TPOs such as patient statements, copies of patient records, or written prescriptions for myself as long as they are marked confidential.

**SIGNATURE & DATE** \_\_\_\_\_

With my consent, South Jersey Cardiology, P.C. may use and disclose Protected Health Information (PHI) about me to carry out TPOs to hospitals, referring doctors, pharmacies and myself.

**SIGNATURE & DATE** \_\_\_\_\_

With my consent, South Jersey Cardiology, P.C. may fax, mail, and/or receive PHI about me to carry out TPOs to hospitals, labs, referring doctors, pharmacies and myself.

**SIGNATURE & DATE** \_\_\_\_\_

With my consent, South Jersey Cardiology, P.C. may verbally release PHI and give referrals, scripts, absence notes, samples, copied records, etc. to me or to \_\_\_\_\_ (Note your relationship).

**SIGNATURE & DATE** \_\_\_\_\_

*You may revoke this authorization at any time.*

TPO = Treatment, Payment and Operations  
PHI = Protected Health Information