



Dr. Amit Sharma, MD, FACP, FACC, FSCAI

915 N. Courtenay Pkwy. Merritt Island, FL 32953

HIPAA Compliance Patient Consent Form

Our notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing the consent.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in publication. You have the right to revoke this consent in writing, signed by you.

By signing this form, I understand:

- **Protected health information may be disclosed or used for treatment, payment or healthcare operations.**
- **The practice reserves the right to change the privacy policy as allowed by law.**
- **The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.**
- **The patient has the right to revoke this consent in writing at any time and all full disclosure will then cease.**
- **The practice may condition receipt of treatment upon execution of this consent.**

May we phone, email, or send a text to you to confirm appointments? YES NO

May we leave a message on your home phone or cell phone? YES NO

May we discuss your medical condition with any other member of your family? YES NO

Opt In for SMS text message communication for: appointments, refills, general information. YES NO

This consent was signed by (Please Print): _____

Signature: _____ Date: _____

Witness: _____ Date: _____