



CARDIOVASCULAR CONSULTANTS HEART CENTER

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PBM Hx CONSENT

We are updating your consent preferences in our system. **PBM Hx** consent is for our staff to review your medications electronically from your pharmacy, which improves the accuracy of your medication list in your electronic chart.

Print Name: _____
(PLEASE PRINT CLEARLY)

Date of Birth: _____

Permission to review my Rx History electronically: YES NO

Signature: _____ Date: _____
I have read the above information and have verified it to be correct.

Notice of Privacy Practices (HIPAA)

This notice is for **Privacy Practices** informing you that we will send documents such as test results and letters regarding your health care provided by CVCHC to your primary care and referring providers. **We will not share your personal health information for any other reason without written consent from you.**

Cardiovascular Consultants Heart Center has made available to me their Notice of Privacy Practices. I am aware that I have the right to a paper copy of this notice.

Signature: _____ Date: _____
I have read the above information and have verified it to be correct.

All HMO patients: I am aware that if cardiovascular consultants does not receive a referral from my primary care doctor all charges will be my responsibility. ____ (Initials)

I hereby authorize my insurance benefits to be paid directly to cardiovascular consultants of Fresno. I understand that I am financially responsible for all services not covered by my insurance company, which includes my annual deductible.

Signature: _____ Date: _____
I have read the above information and have verified it to be correct.

This signed document will be scanned to Patient Information in the electronic chart.

(Financial Office Use Only: Scanned To Chart)