

**Healthy Heart Cardiology
Sandeep Khurana MD FACC
4081 Cascade Rd SE, Suite 200, Grand Rapids, MI 49546**

CONSENT FOR RELEASE OF INFORMATION, PAYMENT, TREATMENT, HEALTH CARE OPERATIONS AND COMMUNICATION.

I authorize Dr. Sandeep Khurana to use/and or disclose my health information which specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment and healthcare operations and communications. I understand this consent is voluntary and if I refuse to sign this contract, Dr. Khurana can refuse to treat me.

I have been informed that Dr. Khurana has prepared a notice (Notice) which more fully describes the use and discloses that I can be made of my individually identifiable health information for treatment, payment, health care operations and communication. I understand that I have the right to review such notice prior to signing this consent.

I understand that I may revoke this consent at any time by notifying Dr. Khurana in writing, but if I revoke my consent, such Revocation will not affect any actions that Dr. Khurana took before receiving my revocation

I understand that Dr. Khurana has the right to change his Privacy Practices and that I can obtain such changed notice upon request.

I understand that I have the right to request that Dr. Khurana restricts how my individually identifiable health information is used and/or disclosed to carry out treatment, payments, or health operation and communication. I understand that Dr. Khurana does not have to agree to such restriction, but that once such restrictions are agreed to Dr. Khurana must adhere to such restrictions.

Patient Signature

Date

Name of Patient