The Heart and Vascular Specialists

Shashi S. Bellur M.D., P.A., F.A.C.C.

Acknowledgement of Review

I have reviewed the Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this notice if requested.

Patient Name _____ Patient Signature _____

If completed by a patient's personal representative, please print and sign your name.

Personal Representative _____ Personal Representative Signature _____

Authorization for Release of Medical Information

I authorize The Heart and Vascular Specialists and its representatives to use the additional contact information listed below to discuss or disclose information regarding any matters relating to my appointments, billing information and/or medical care. This authorization will remain in effect until I provide written notification to The Heart and Vascular Specialists of changes or update.

Name_____Relationship_____

Phone_____

You may release the following information to the person named above:

☐Appointments ☐Billing Information ☐Medical Care ☐Leave Message