

PATIENT AUTHORIZATION FOR PERSONAL REPRESENTATIVE

Please **print** all information, then sign and date at bottom

Patient Name: _____

Soc Security Number: _____ Date of Birth _____

Purpose of Request – I authorize **Heartland Cardiology Associates, LLC; William Lehmkuhler, MD and Adam Dawkins, MD, Joshua Leonard, MD**, to disclose or provide my protected health information to the following individual who is authorized to act as my representative for the purposes of receiving all protected health information about myself. As my designated personal representative, they may exercise my right to inspect, copy and correct my protected health information. They may also consent or authorize the use or disclosure of my protected health information:

Name of Personal Representative Phone: _____

Name of Personal Representative Phone: _____

Name of Personal Representative Phone: _____

Name of Personal Representative Phone: _____

Name of Personal Representative Phone _____

Description of information to be disclosed – I authorize **Heartland Cardiology Associates, LLC; William Lehmkuhler, MD and Adams Dawkins, MD, Joshua Leonard, MD** to disclose all of my protected health information to my designated personal representative.

Expirations or termination of authorization – This authorization will remain in effect until terminated by you, your personal representative or another individual(s) of legal entity authorized to do so by court order or law.

Right to revoke or terminate – As stated in our Notice of Privacy Practices, you have the right to revoke or terminate this authorization by submitting a written request to our Privacy Manager.

This can be done in person or by mailing a request to: Heartland Cardiology Associates, LLC

William Lehmkuhler,MD
Adam Dawkins, MD
Joshua Leonard, MD
440 Scott Rolen Drive
Jasper, In 47546

Re-Disclosure – We have no control over the person(s) you have listed as your personal representative. Therefore, your protected health information disclosed under this authorization will no longer be protected by the requirements of the Privacy Rule and will no longer be the responsibility of the Heartland Cardiology Associates, LLC, William Lehmkuhler, MD, Adam Dawkins, MD, or Joshua Leonard, MD.

Patient Signature Date