

2375 Champions Blvd  
Auburn, AL 36830  
Telephone 334-321-3700



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**AUTHORIZED PATIENT NOTIFICATION LIST**  
Requirement of HIPAA (Health Insurance Portability and Accountability Act)

I authorize The Heart Center Cardiology, PC and/or whomsoever he/she may designate as his/her professional representative/assistant to discuss any aspect of my care, to include: appointments, tests, test results, surgical procedures, prescriptions, and any other pertinent information pertaining to my care with the following designated people:

Name	Relationship	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This document will be a part of your permanent record. In the event that any of the selected representatives that you have designated change, it will be necessary to update our records with a written notification. You will need to state who you would like to have removed from or added to the Authorization Notification List.

\_\_\_\_\_  
PATIENT/OTHER PERSON AUTHORIZED TO SIGN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATION TO ABOVE SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME