

# Texas Institute of Cardiology, P.A.

## Consent to Use and Disclose Protected Health Information

### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Your protected health information will be used by **Texas Institute of Cardiology, P.A.** or disclosed to others for the purposes of **Treatment**, -obtaining **Payment**, or supporting the day-to-day **Healthcare Operations** of the practice.

### THE NOTICE OF PRIVACY PRACTICES

**Texas Institute of Cardiology, P.A.** is required to provide to you a notice that describes how information about you may be used and disclosed. Additionally, we must provide you information on how you may get access to this information. These policies and practices are defined in the "**Notice of Privacy Policies and Practices**" brochure provided to you. **PLEASE REVIEW IT CAREFULLY.**

### YOU MAY PLACE RESTRICTIONS ON THE USE OR DISCLOSURE OF YOUR HEALTH INFORMATION

You may request a restriction on the use or disclosure of your protected health information. However, **Texas Institute of Cardiology, P.A.** may or may not agree to your request to restrict the use or disclosure of your protected health information. You may be asked to complete an authorization to activate this request. Please consult with a practice representative or **Jessica Aguayo, Office Manager** if you would like additional information or clarification.

It is a violation of the federal privacy standards if **Texas Institute of Cardiology, P.A.** agrees and fails to comply with your request. The restrictions requested will not affect use and disclosure of your information before the date of your request. If you still have questions after reviewing the Notice of Privacy Brochure, please consult with a practice representative or **Jessica Aguayo, Office Manager** at the location and contact information listed on the back of the brochure.

### YOU MAY REVOKE THIS CONSENT AT ANY TIME

You may revoke this consent at anytime; however, **Texas Institute of Cardiology, P.A.** requires that you must revoke this consent in writing. If you choose to revoke this consent, the revocation will not affect use and disclosure of your information before the date of your request.

### CHANGES TO PRIVACY PRACTICES

**Texas Institute of Cardiology, P.A.** reserves the right to change or modify the privacy practices outlined in the Notice of Privacy Brochure. **Texas Institute of Cardiology, P.A.** will notify you of any changes of privacy practices either by mail or at your next appointment.

### SIGNATURE

I have reviewed this consent form, acknowledge receipt of the brochure entitled "Notice of Privacy Polices and Practices", and give my permission to **Texas Institute of Cardiology, P.A.** to use and disclose my health information in accordance with this consent and the notice provided.

\_\_\_\_\_  
Name of Patient (**Print or Type**)

\_\_\_\_\_  
Signature of Patient / Date

\_\_\_\_\_  
Patient Representative (**Print or Type**)

\_\_\_\_\_  
Signature of Representative / Date

\_\_\_\_\_  
Relationship of Patient Representative to Patient