

Houston Cardiovascular Associates

Receipt of Notice of Privacy Practices Written Acknowledgment Form / Authorization to Release Protected Health Information to Personal Representatives

In compliance with the Health Information Portability and Accountability Act (HIPAA) and because it is our sincere desire to protect your right to privacy, we are implementing a policy requiring your written authorization before allowing us to disclose or discuss your personal information with any personal representative effective April 15, 2003. To further protect your right to privacy, we are also required by HIPAA to acquire written acknowledgement that you have received our Notice of Privacy practices.

If you have any questions regarding this form or policy, you may direct them to our HIPAA Coordinator, Jennifer Webb, at 713-790-0841 extension 541.

I, (Patient Name) _____, acknowledge and agree that I have received a copy of Houston Cardiovascular Associates' Notice of Privacy Practices.

I hereby authorize Houston Cardiovascular Associates to disclose information about my account, evaluation and/or treatment to:

EXAMPLE:

	<u>JANE DOE</u>	<u>SPOUSE</u>	<u>(713) 555-5555</u>
	Name	Relationship	Phone
1)	_____	_____	_____
	Name	Relationship	Phone
2)	_____	_____	_____
	Name	Relationship	Phone
3)	_____	_____	_____
	Name	Relationship	Phone

SIGNED: _____ DATE: _____

This consent is subject to written revocation by the above signed at any time except to the extent that action has been taken. I hereby release the aforementioned facility from any/all legal liability that may arise from the release of this information to the party named above. A copy or fax of this authorization is as valid as the original.