

# Texas Cardiology Associates of Houston

2627 Chestnut Ridge Rd., Ste. 100  
Kingwood, TX 77339  
(281) 358-1950  
(281) 358-1923 fax

Cardiology  
Interventional Cardiology  
Board Certified

4331 Brightwood, Ste. 203  
Houston, TX 77068  
(281) 440-7373

*Ira H. Lieber, M.D., F.A.C.C.*  
*Charles H. Moore, M.D., F.A.C.C.*  
*Shakeel Uddin, M.D., F.A.C.C.*  
*Syed A. Raza, M.D.*

## Patient Health Information Consent Form

We want you to know how your Patient Health Information (**PHI**) is going to be used by Texas Cardiology Associates of Houston and your rights concerning those records. Before we will begin any healthcare operations we must require you to read and sign this consent for stating that you understand and agree with how your records will be used. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your PHI we encourage you to read the HIPPA notice that is available to you at the front desk before signing this consent.

1. The patient understands and agrees to allow Texas Cardiology Associates of Houston to use their PHI for the purpose of treatment, payment, healthcare operations and coordination of care. As an example, the patient agrees to allow this office to submit requested PHI to the Health Insurance Company or Companies provided to us by the patient for the purpose of payment. Be assured that this office will limit the release of all PHI to the minimum needed for what the insurance companies require for payment.
2. The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions, but if it does, it is bound by the agreement.
3. A patient's written consent need only be obtained one time for all subsequent care given to the patient in this office.
4. The patient may provide a written request to revoke the consent at any time during care. This would not affect the use of those records for the care given prior to the written request to revoke the consent but would apply to any care given after the request has been presented.
5. For your security and right to privacy, all staff has been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.
6. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.
7. If the patient refuses to sign this consent for the purpose of treatment, payment and health care operations, the physician has the right to refuse to provide care.

I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures.

---

Name of Patient (please print)

---

Date

---

Signature of Patient or Legal Guardian

---

Relationship to Patient