



# HEART CENTER OF NORTH TEXAS, P.A.

## Authorization of Receipt of “Notice of Privacy Policies for the Heart Center of North Texas”.

Heart Center of North Texas reserves the right to modify the Privacy Practices outlined in the notice.

**I have received and/or reviewed a copy of the “Notice of Privacy Practices for the Heart Center of North Texas.”**

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Name of Patient (Print or Type)

Date of Birth

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Signature of Patient

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Date

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Signature of Patient Representative (required if patient is a minor or an adult who is unable to sign)

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Relationship of Patient Representative to Patient

### Consent to disclose my Protected Health Information to the following people:

**I give permission to share my Protected Health Information with the following individuals:**

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Name

Relationship

Phone #

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Name

Relationship

Phone #

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Name

Relationship

Phone #

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Name of Patient (Print or Type)

Date of Birth

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Signature of Patient or Representative

Date

#### Right to Revoke or Terminate

You may revoke or terminate this authorization by submitting a written revocation to the Heart Center of North Texas. You should contact the Privacy Officer to terminate this authorization in person or call 817-334-2800.

#### Potential for Re-disclosure

Information that is disclosed under this authorization may be re-disclosed. The privacy of this information may not be protected under the federal privacy regulations.