



TEXAS INSTITUTE OF CARDIOLOGY, P.A.

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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 day to day Healthcare Operations of the practice.

The Notice of Privacy Practices

Texas Institute of Cardiology, P.A. is required to provide 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 Practices” packet 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 of 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 Office Manager at the location and contact information listed on the packet.

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 the request. If you still have questions after reviewing the Notice of Privacy packet, please consult with a practice representative or Office Manager at the location and contact information listed on the packet.

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 the 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.

Change 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 packet. Texas Institute of Cardiology, P.A. will notify you of any changes of privacy practices wither by mail or at your next appointment.

Signature

I have reviewed this consent form, acknowledge receipt of the packet entitled “Notice of Privacy 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.

Signature of Patient: _____ Date: _____

Patient Name: _____ Relationship to Patient: _____

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Texas Institute of Cardiology, P.A may use and disclose medical and financial information related to your care that may be necessary now or in the future to facilitate payment by third parties for services rendered by us, or to assist with, aid in, or facilitate the collection of data for purposes of utilization review, quality assurance, or medical outcomes evaluation purposes. Such information may be released to insurance companies, HMO's and PPO's, managed care organizations, IPA's, Medicare/Medicaid, or other governmental or third party payers, or any organizations contracting with any of the above entities to perform such functions. Medical records may be delivered to a primary care physician or any other physician that is directly or indirectly responsible for your medical care or the payment thereof.

Texas Institute of Cardiology, P.A may use or disclose your protected health information to send you treatment or healthcare operations communications concerning treatment alternatives or other health-related products or services. We may provide such communications to you in instances where we receive financial remuneration from a third party in connection with such communications. You have the right to opt out of receiving any such compensated communications, and should inform us if you do not wish to receive them. Additionally, if we send such communications, the communications themselves note that we have received compensation for the communication, and will have clear and conspicuous instructions on how you may opt out of receiving such communications in the future. We may use or disclose limited amounts of your protected health information to send you fundraising materials. Any such fundraising materials sent to you will have clear and conspicuous instructions on how you may opt out of receiving such communications in the future.

Other than expressly provided herein, any other disclosures of your protected health information will require your specific authorization. Most disclosures of protected health information for which we would receive compensation would require your authorization. Additionally, we would need your specific authorization for most disclosures of your protected health information to the extent it constitutes "psychotherapy notes" or is for marketing purposes.

You may request restrictions on certain uses and disclosures. This office is not required to agree to a requested restriction. You have the right to receive confidential communications of your protected health information. You have the right inspect, copy and amend your protected health information. You may also request an accounting of disclosures of your protected health information from this office. As stated above, in most instances we do not have to abide by your request for restrictions on disclosures that are otherwise allowed. However, in certain instances, if you make a request for restrictions on disclosures, we will be obligated to abide by them. Specifically, if you pay for an item or service in full, out of pocket and request that we not disclose the information relating to that service to a health plan, we will be obligated to abide by that restriction. You should be aware that such restrictions may have unintended consequences, particularly if other providers need to know that information (such as a pharmacy filling a prescription). It will be your obligation to notify any such other providers of this restriction. Additionally, such a restriction may impact your health plan's decision to pay for related care that you may not want to pay for out of pocket (and which would not be subject to the restriction).

To the extent that this that this office maintains your Protected Health Information (PHI) in the electronic health records, we agree to account for all disclosures of such PHI upon your request for a period of at least three (3) years prior to such request, as required by HIPAA and HITECH regulations.

Texas Institute of Cardiology, P.A is legally obligated to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices and to abide by its terms. We reserve the right to change our privacy practices and apply revised privacy practices to PHI. In certain instances, we may be obligated to notify you (and potentially other parties) if we become aware that your protected health information has been improperly disclosed or otherwise subject to a “breach” as defined in HIPAA.

You may register a complaint with this office if you suspect that your privacy rights have been violated. We will investigate the complaint and inform you of the findings. No retaliation will be made against you by this office because you registered a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. You may speak with the Office Manager to obtain additional information regarding any questions you may have concerning this Notice. This Notice of Privacy Practices is effective as of September 23, 2013.

Patient Signature: _____ Date: _____