

## Diagnostic Cardiology of Houston, P.A.

Practice: **Diagnostic Cardiology of Houston, P.A.**  
Address: **7777 Southwest Freeway Suite 420**  
Privacy Official: **Matt Mahoney**  
Telephone: **(713) 776-9500**

### Notice of Privacy Practices Receipt

**I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page.**

Print Name of Patient: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Patient's ID/Chart number: \_\_\_\_\_

### **For Personal Representative of the Patient (if applicable)**

Print Name of Personal Representative: \_\_\_\_\_

Describe Personal Representative:  
Relationship (parent, guardian, etc.): \_\_\_\_\_

Signature of Personal Representative: \_\_\_\_\_

Date: \_\_\_\_\_

### **For Practice Use Only:**

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\_\_\_\_\_  
Signature of Practice Employee

\_\_\_\_\_  
Date