

## Patient Acknowledgement and Consent

I have been given a copy or received instructions on how to obtain a copy of the Houston Healthcare Complex Notice and Privacy Practices, Version effective April 14, 2003. I consent to the uses and disclosures of my health information as outline in the Notice.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient (student athlete)

\_\_\_\_\_  
Print Name of Representative

Please describe the Representative's authority to act on behalf of the Patient (initial one):

- The representative is the parent of the patient, who is a minor.
- The representative is the guardian of the patient, who has been adjudicated incompetent.
- The representative is acting under a Durable Power of Attorney for Health Care for the Patient, and has presented a copy of this document to the Complex personnel.

The Houston Healthcare Notice of Privacy Practices is located on our website <http://www.hhc.org/hipaa>. A copy of the Notice of Privacy Practices can be viewed and printed from the website. If you have any questions regarding the Notice of Privacy Practices, please contact Suzette Fatula, Houston Healthcare Privacy Officer, at (478) 322-5156.