



# Northwest Houston Cardiology PA

13325 Hargrave Road Suite #100

Houston, TX 77070

281-469-8007

## Patient Information Release

Patient's Name	Last	First	MI	Date of Birth
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**I do / I do not** hereby authorize Trinity Healthcare Network and Northwest Houston Cardiology PA and, their affiliated physician's and staff to release information regarding my medical care and/or condition to the below named individuals.

### Authorization To Release Private Health Information

In the event you must be contacted by telephone with regards to test results, referrals, appointments, medical or billing information, please let us know how you prefer that we contact you by marking one or all of the following that may apply:

- Leave a recorded message on machine at home telephone ( ) \_\_\_\_\_
- Leave message  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ #( ) \_\_\_\_\_
- Contact me at my work telephone number: ( ) \_\_\_\_\_
- Contact me on my mobile number: ( ) \_\_\_\_\_
- Contact me at my email address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_
- Other: \_\_\_\_\_

### You May Discuss Any of My Medical / Billing Information With the Following Contacts

Name	Day Time Phone	Evening Phone	Relationship / Comments

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Legal Guardian Name

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date