

# Houston Endocrine Center

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## Consent To Use and Disclose Protected Health Information

### How We May Use and Disclose Your Health Information

Your protected health information will be used by Dr. Zubair B Mirza, or disclosed to other for the purposes of treatment, obtaining payment, or supporting the day to day health care operation of the practice.

### The Notice of Privacy Practices

Dr. Zubair B Mirza is required to provide you a notice that describes how information about you may be used and disclosed. Additionally we must provide you information of how you may get access to this information. These policies and practices are defined in the "Notice of Privacy Practices". PLEASE REVIEW CAREFULLY

### 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, Dr. Zubair B Mirza may or may not agree to your request to restrict the use or disclosure of your protected health information. You may be asked to complete an authorization to activate this request. Please consult with a practice representative if you would like additional informational clarification. It is a violation of the federal privacy standard if Dr. Zubair B Mirza agrees and fails to comply with your request. The restrictions requested will not affect use and disclosure of your information before the date of your request. If you still questions after reviewing the Notice of Privacy Brochure, please consult with a practice representative at the office location.

### You May Revoke This Consent at Anytime

You may revoke this consent at any time; however, Dr. Zubair B Mirza requires that you must revoke this 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.

### Changes to Privacy Practices

Dr. Zubair B Mirza reserves the right to change or modify the privacy practices outlined in the Notice of Privacy Brochure. Dr. Zubair B Mirza will notify you of any changes of privacy practices either by mail, at your next appointment, or any other pre-approved method that you require.

### Signature

I have reviewed this consent form, received the brochure entitled "Notice of Privacy Practices" and given my permission to Dr. Zubair B Mirza to use and disclose my health information in accordance with this consent and the notice provided.

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Signature of Patient, Legally Authorized Representative

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Date

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Printed Name of Patient, Legally Authorized Representative

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Relationship to Patient