



EZ Home Clinic
9337 Katy FWY. #7053, Houston, TX 77024
Tel. 281-713-5594 Fax. 281-713-5455
customer care@ezhomeclinic.com
www.ezhomeclinic.com

Complaints

If you believe your privacy rights as described in this Notice have been violated, you may file a complaint with the Practice at the following address or phone number:

EZ Home Clinic, PLLC
Attention: HIPAA Officer
9337 Katy FWY. #7053
Houston, Texas 77024
Phone: (281)- 713-5595 Fax: 281-713-5455

To file a complaint, you may either call or send a written letter. The Practice will not retaliate against any individual who files a complaint. You may also file a complaint to the Secretary of the Department of Health and Human Services. In addition, if you have any questions about this Notice, please contact the Practice's HIPAA officer at the address or phone number listed above.

Acknowledgement and Required Restrictions

By signing below, you acknowledge that you have received this *Notice of Privacy Practices* prior to any service being rendered to you by the Practice, and you consent to the use and disclosure of your medical information as set forth herein except as expressly stated below. I hereby request the following restrictions on the use and/or disclosure (specify as applicable) of my information:

Patient Name (please print): _____ Patient Date of Birth: _____

Signature: _____

Patient/Legal Representative: _____ Date: _____

If Legal Representative, relationship to Patient: _____

Witness (optional): _____ Date: _____