

# The Heart Institute of East Texas

## Acknowledgement of Review of Privacy Practices

I have reviewed this office's Notice of Privacy Practice which explains how my medical information will be used and disclosed. I have been given the opportunity to ask questions if I do not understand.

I understand that I am entitled to receive a copy if this document.

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Signature of Patient or Representative

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Date

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Name of Patient or Personal Representative

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Description of Personal Representative's Authority

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R. Bachireddy, M.D., F.A.C.C.

J.S. Chandra, M.D., F.A.C.C.

C.K. Mani, M.D., F.A.C.C.

V.R. Kovvali, M.D., F.A.C.C.

Kevin L. Hudson, D.O., F.A.C.C.

Yugandhar Manda, M.D., F.A.C.C.

Satish Velagapudi, M.D., F.A.C.C.

R.V. Kedia, M.D., F.A.C.C.

M. Musa Khan, M.D., F.A.C.C.

Illyas M. Khan, M.D., F.A.C.C.

Lufkin Office

310 Gaslight Blvd

Lufkin, Texas 75904

936-632-8787 \ 936-632-7841 fax \ 800-877-7227

Livingston Office

1717 Hwy 59 Bypass, Suite B

Livingston, Texas 77351

936-327-7733 \ 936-327-2248 fax