

NOTICE OF PRIVACY PRACTICES (NPP) ACKNOWLEDGEMENT

A **Notice of Privacy Practices (NPP)** is provided to all patients. This Notice of Privacy Practices identifies: 1) how medical information about you may be used or disclosed; 2) your rights to access your medical information, amend your medical information, request an accounting of disclosures of your medical information, and request additional restrictions on our uses and disclosures of that information; 3) your rights to complain if you believe your privacy rights have been violated; and 4) our responsibilities for maintaining the privacy of your medical information.

The undersigned certifies that he/she has read the foregoing, and is the patient or the patient's representative. I have received the following:

- Facility Notice of Privacy Practices
- Contact Information for the Texas Department of State Health Services, Joint Commission, and for Medicare Ombudsman, in the event I need to register a healthcare facility complaint
- Patient Rights & Responsibilities
- Pain Control Information
- Advance Directive/Durable Power of Attorney Information
- Notice that my Physician may have an ownership interest in the facility

I AM I AM NOT Participating in a Clinical Research Study

NAME OF PATIENT

SIGNATURE OF PATIENT

_____/_____/_____
DATE SIGNED

NAME OF PATIENT'S PERSONAL REPRESENTATIVE

SIGNATURE OF PATIENT'S PERSONAL REPRESENTATIVE

_____/_____/_____
DATE SIGNED

FOR INTERNAL USE ONLY

NAME OF EMPLOYEE

SIGNATURE OF EMPLOYEE

If applicable, reason patient's written acknowledgement could not be obtained:

Patient was unable to sign.

Patient refused to sign.

Other: _____



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CONROE, TEXAS 77304
PHONE 936.760.3443
FAX 936.760.1322
METRO 936.441.4940
CSC-052 (10/14)

PATIENT IDENTIFICATION:

Empty rounded rectangular box for patient identification.