



Acknowledgement of Notice of Privacy Policy

This Notice of Privacy Policy is required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I acknowledge receipt of Clinics of North Texas, L.L.P. Notice of Privacy Policy that explains how my personal health information will be used and disclosed.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Description of Personal Representative's Authority

To be completed by cashier/receptionist

Clinics of North Texas Medical Record Number _____

Notice of Privacy Policy provided but written acknowledgement refused _____