

TMH PHYSICIAN ORGANIZATION AND ITS PHYSICIANS

NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGMENT

You have been given the Notice of Privacy Practices for TMH Physician Organization and its Physicians. This Notice describes your legal rights regarding your health information and will inform you of the legal duties and privacy practices of TMH Physician Organization and its Physicians with respect to health information created for services generated by TMH Physician Organization and its Physicians. If you receive services by your physician or other health care provider at a different location, you may want to ask about that office or clinic's health information privacy policies and notices because they could be different.

Your name and signature below indicate that you have been provided with a copy of this Notice of Privacy Practices.

If you have a question regarding any of the information set forth in this Notice of Privacy Practices, please do not hesitate to call TMH Physician Organizations Business Practices Officer at 713.383.5125.

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Patient Name: \_\_\_\_\_

Signature of patient or  
Patient's Qualified Personal Representative: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name Of Qualified Personal Representative:  
\_\_\_\_\_

Legal Authority to Act on Behalf of the Patient:  
\_\_\_\_\_

**Note: In the case of an Obstetrical patient, this signed acknowledgment for receipt of the Notice of the Privacy Practices also serves as receipt of the Notice of Privacy Practices on behalf of the newborn(s).**

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For Staff Use Only

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Date Acknowledgment noted in HIS/patient management system: \_\_\_\_\_

Comments in Notice not provided or Acknowledgement not obtained:  
\_\_\_\_\_

Processed by: \_\_\_\_\_