

# TEXAS BREAST SPECIALISTS

*Higher Standards. Greater Hope.*

## Acknowledgement Of Receipt Of Notice Of Privacy Practices

Texas Oncology is committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. This Notice Of Privacy Practices identifies all potential uses and disclosures of your health information by our practice and outlines your rights with regard to your health information.  
**Please sign the form below to acknowledge that you have received our Notice of Privacy Practices.**

I acknowledge that I have received a copy of the Notice of Privacy Practices of Texas Oncology

Name: (please print) \_\_\_\_\_ DOB \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Personal Representative (if appropriate): \_\_\_\_\_

Signature of Personal Representative (if appropriate): \_\_\_\_\_

Date: \_\_\_\_\_

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Texas Oncology Use only  
Date acknowledgement received: \_\_\_\_\_

-OR-

Reason acknowledgement was not obtained:

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