



TMH413

**HOUSTON METHODIST
JOINT NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGMENT**

You have been given the Notice of Privacy Practices for Houston Methodist. This Notice describes your legal rights regarding your health information and will inform you of the legal duties and privacy practices of Houston Methodist with respect to health information created for services generated at Houston Methodist. 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.

Houston Methodist organizations and their medical staffs participate in an Organized Health Care Arrangement under Health Insurance Portability and Accountability Act (HIPAA) for the purpose of sharing protected health information for treatment, payment, and health care operations and are providing this Notice of Privacy Practices in one document for your convenience. Houston Methodist hospitals and their respective Medical Staff members are independently responsible for complying with this Notice.

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

If you have declined a copy of this Notice, please initial here and sign below: _____

If you have a question regarding any of the information set forth in this Notice of Privacy Practices, please do not hesitate to call the Business Practices Officer at the location of interest or 713.383.5129.

Patient Name: _____

Signature of Patient or
Patient's Qualified Personal Representative: _____ Date _____ Time _____

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 Privacy Practices also serves as receipt of the Notice of Privacy Practices on behalf of the newborn(s).

For Staff Use Only

Date Acknowledgment noted in patient management system: _____

Comments if Notice not provided or Acknowledgment not obtained: _____

Processed by: _____
(Printed Name)

Department: _____

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

