

**ACKNOWLEDGEMENT
OF
NOTICE OF PRIVACY PRACTICES**

The law requires that Meyerland TSO, P.A. make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

(Please check only one box)

- I have read or had explained to me Meyerland TSO, P.A.'s Notice of Privacy Practice and agree to continue my care with Meyerland TSO, P.A. under said terms.
- I was given the opportunity to read Meyerland TSO, P.A.'s Notice of Privacy Practices and declined but wish to continue my care with Meyerland TSO, P.A. under the terms of Meyerland TSO, P.A.'s privacy policies.
- I have read or had explained to me Meyerland TSO, P.A.'s Notice of Privacy Practice and do not wish to continue my care with Meyerland TSO, P.A. under said terms.
- The Notice of Privacy Practice could not be read due to the emergent nature of the care of other reason described as

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Patient Date

If you are signing as a personal representative of the patient, please indicate your relationship

Representative Relationship to Patient