Acknowledgment of Review of Notice of Privacy Practices



13740 Research Blvd., P-4, Austin, TX 78750 (512) 250-5521 www.funicella.com

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient (or personal representative)	_ Date _	onth	 Day	_ Year	
Name of Patient (or personal representative)					
Description of Personal Representative's Authority					