

# The Methodist Hospital Physician Organization Department of Orthopedics

## Notice of Privacy Practices Acknowledgement

You have been given the notice of Privacy Practices for **The Methodist Hospital 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 The Methodist Hospital Physician Organization and its Physicians with respect to health information created for services by your physician or other health care provider at a different location. You may want to ask about that office of 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, please do not hesitate to call The **Methodist Hospital Physician Organization's** Business Practices Officer at 713.383.5125.

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: \_\_\_\_\_

### **For Staff Use Only**

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

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

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