



### **Acknowledgment of Privacy Policies**

By signing below, you acknowledge receiving access to a written copy of Houston Pediatric Urology's Notice of Privacy Practices. The Notice of Privacy Practices explains for you how Houston Pediatric Urology may use and disclose your protected health information for treatment, payment and healthcare operations purposes.

Protected health information means your personal health information found in your medical and billing records. A copy of the current Notice of Privacy Practices is available on our website at [www.houstonurology.net](http://www.houstonurology.net) and upon request.

If you have any questions about the Notice of Privacy Practices please call us at (713) 701-9451.

Patient's Name \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_

Patient's Representatives Name \_\_\_\_\_

Relationship to the Patient \_\_\_\_\_

Patient's representative's Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_