



PATIENT RECEIPT OF “NOTICE OF PRIVACY PRACTICES”

AUSTIN PRIMARY CARE PHYSICIANS has provided information regarding the Notice of Privacy Practices. This notice describes the practice’s commitment to privacy, my rights to privacy, and how **AUSTIN PRIMARY CARE PHYSICIANS** may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO).

By signing this form, I am acknowledging that I have reviewed the Notice of Privacy Practices which explains how my medical and personal information will be used and disclosed. I understand that I am entitled to receive a copy of this document, upon request.

Patient Name (Printed)

Signature of Patient/Personal Representative

Date

Relationship to Patient

Receipt, Privacy Practices

NORTH AUSTIN
2200 Park Bend, Dr. Bldg. 2, Ste. 300
Austin, TX 78758
(512) 836-5665
(512) 997-9092

CEDAR PARK
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Cedar Park, TX 78613
(512) 652-0050
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