Julie L. Reihsen, M.D., P.A. 4222 Trinity Mills Road, Suite 108 Dallas, TX 75287 997202482020 fax (972)248-2028

Patient Name: _____ Date of Birth: _____

**NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGMENT**

I have received this practice's Notice of Privacy Practices written in plain language and I have been provided the opportunity to review it. Than Notice provides in detail the uses and disclosure of my protected health information that may be made by this practice, my individual rights, and the practices legal duties with respect to my protected health information.

I understand the practice reserves the right to change the terms of its Notice of Privacy Practices and to make new provisions effective for all protected health information it maintains. I understand I can obtain this practice's current notice of Privacy practices on request.

_____ _____ _____

Patient or Legal Guardian Signature Print Name Date