

Acknowledgment of Receipt of Notice

I understand that Jefferson Street Family Practice may share my health information for treatment, billing and healthcare operations. I have been given a copy of the organization's notice of privacy practices that describes how my health information is used and shared. I understand that Jefferson Street Family Practice has the right to change this notice at any time. I may obtain a current copy of this policy by contacting the practice's billing department at 512-459-4147.

My signature below constitutes my acknowledgment that I have been provided with a copy of the notice of privacy practices.

Signature of patient or legal representative

Date

If signed by legal representative, relationship to patient: _____