Texas Fertility Center

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have been given the opportunity to review the Notice of Privacy Practices of the Texas Fertility Center that explains how my medical information may be used and disclosed. I understand that I am entitled to receive a copy of the Notice of Privacy Practices.

_____ _____

Signature of Patient or Personal Representative Date

_____

Printed Name of Patient or Personal Representative

_____

Description of Personal Representative's Authority

_____ _____

Signature of Partner or Personal Representative Date

_____

Printed Name of Partner or Personal Representative

_____

Description of Personal Representative's Authority