

201 S Rogers Rd, Irving Texas 75060

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT AND REVIEW IT CAREFULLY.

By law we are required to provide you with our Notice of Privacy Practices (NNP). This notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient you have the following rights:

The right to inspect a copy of your information;
The right to request corrections to your information;
The right to request your information is restricted;
The right to request confidential communications;
The right to a report of disclosures of your information; and
The right to a paper copy of this notice.

We want to assure you that your medical protected health information is secure with us. This Notice of Privacy Practices contains information about how we ensure that your information remains private.

Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I have reviewed this practice's Notice of Privacy Practices. I further understand that the practice will offer me updates to this notice. Should it be modified or changed in any way I will receive a copy.

Printed name of Patient
Signature of Patient/Parent/legal Guardian
 Date