



Westover Hills
Primary Care

9022 Culebra Rd., Suite 112
San Antonio, TX 78251

Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form you acknowledge receipt of the Notice of Privacy Practices of Westover Hills Primary Care on the date indicated. Our Notice of Privacy Practices provides information about how we may use and disclose your protected information. We encourage you to read it in full. Our Notice of Privacy Practices is subject to change.

Authorization:

Do you authorize your immediate family member(s) to have access to your medical records/information?

- Yes
- No

If Yes, please list the name(s) of the authorized family member(s)

Patient Name

If Patient Representative, print name and relationship to Patient

Patient Signature

Patient Representative Signature

Date Notice Received

Witness Signature

Date

OFFICE USE ONLY:

We attempted to obtain written acknowledgement of patients' receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained from the patient for the following reason:

- Patient Refused to Sign
- Patient Representative Refused to Sign
- Emergency Situation Prevented Signature
- Other (please specify) _____