VALLEY INTENSIVISTS, PULMONOLOGISTS AND SLEEP SPECIALISTS
1200 E. Savannah Ave. Suite 12
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Tel: (956) 688-6300 Fax: (956) 688-6303

Acknowledgement of Review of Notice to Privacy Practices

I have reviewed this office's Notice of Privacy Practices, which explain how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

_____ _____

Signature of Patient/ Personal Representative Date

_____

Name of Patient/ Personal Representative

_____

Signature of Patient/ Personal Representative

_____

Description of Personal Representative's Authority