



**THE METHODIST HOSPITAL AND  
THE MEDICAL STAFF MEMBERS OF THE METHODIST HOSPITAL  
NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGMENT**

You have been given the Notice of Privacy Practices for The Methodist Hospital and the Medical Staff members of The Methodist Hospital. This Notice describes your legal rights regarding your health information and will inform you of the legal duties and privacy practices of The Methodist Hospital and its Medical Staff members only with respect to health information created for services generated at The Methodist Hospital. If you receive services by your physician or other health care provider at a different location, you may want to ask about that office or clinic's health information privacy policies and notices because they could be different.

The Methodist Hospital and The Methodist Hospital Medical Staff members are providing this Notice of Privacy Practices in one document for your convenience. The Methodist Hospital and its Medical Staff members are independently responsible for complying with this Notice. We are not responsible for each other's actions and do not have equal control over the other's business.

Your name and signature below indicate that you have been provided with a copy of this Notice of Privacy Practices.

If you have declined a copy of this Notice, please initial here and sign below: \_\_\_\_\_

If you have a question regarding any of the information set forth in this Notice of Privacy Practices, please do not hesitate to call The Methodist Hospital's Business Practices Officer at 713.790.3311.

Patient Name: \_\_\_\_\_

Signature of Patient or  
Patient's Qualified Personal Representative: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Printed Name of Qualified Personal Representative: \_\_\_\_\_

Legal Authority to Act on Behalf of the Patient: \_\_\_\_\_

**Note: In the case of an Obstetrical patient, this signed acknowledgment for receipt of the Notice of Privacy Practices also serves as receipt of the Notice of Privacy Practices on behalf of the newborn(s).**

**For Staff Use Only**

Date Acknowledgment noted in HIS/patient management system: \_\_\_\_\_

Comments if Notice not provided or Acknowledgment not obtained: \_\_\_\_\_

Processed by: \_\_\_\_\_  
(Printed Name)

Department: \_\_\_\_\_

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT**

