

**Memorial Hermann Endoscopy Center North Freeway**

**NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGEMENT**

I, \_\_\_\_\_, understand that, under the Health Care Portability and Accountability act of 1996 ( “ HIPAA “ ), I have certain rights to Privacy regarding my protected health information. I understand that this Information can and will be used to:

- Conduct, plan and direct my treatment , and follow up among multiple health care providers who may be involved in that treatment directly or indirectly.
- Obtain payment from third party payers.
- Conduct normal health care operations such as quality assessment and physician certifications.

I have received, read and understand your Notice of Privacy Practices containing A more complete description of the uses and disclosures of my health information. I understand that the Memorial Hermann Endoscopy Center North Freeway has the right to change its Notice

Of Privacy Practices from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested Restrictions, but if you do agree then you are bound to abide by such restrictions.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

If individual is a minor or is otherwise unable to sign this authorization, please Complete the information below:

\_\_\_\_\_  
Signature of Authorized  
Legal Guardian, Health Care  
Agent, or Other Authorized  
Personal Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

7333 North Freeway, Ste.400, Houston, Texas , 77076  
Tel,No. 713 457-2750