

**Acknowledgment of Review of Notice of Privacy Practices
Ear, Nose and Throat Associates of Texas, P.A.**

I acknowledge that this office has made available to me a copy of their Notice of Privacy Practices for my review. This Notice explains to me how my medical information will be used and disclosed. I understand that I am entitled to a copy of this Notice, and one will be given to me upon my request.

The Notice of Privacy Practices is also posted on the office website:

www.enttex.net

Signature of Patient/ Guardian or Personal Representative

Date

Name of Patient/ Guardian or Personal Representative

Description of Personal Representative's Authority