NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

Gruene Lake Medical
948 Gruene Road, #140, New Braunfels, TX 78130 | Phone: 830-627-2700

This form acknowledges that you have received and reviewed our Notice of Privacy Practices, which describes how your medical information may be used and disclosed, and how you can access this information.

By signing below, you acknowledge:
• You have received a copy of our Notice of Privacy Practices
• You understand your rights regarding your protected health information
• You understand how we may use and disclose your health information
• You have had the opportunity to ask questions about our privacy practices

If you have any questions about our privacy practices, please contact our Privacy Officer at 830-627-2700.

Patient Acknowledgment

Patient Name (Print): _____

Patient Signature: _____ Date: _____

If patient is a minor or unable to sign:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Patient: _____