



THE HEART INSTITUTE

OF EAST TEXAS, P. A.

Specializing in Heart & Vascular Care Since 1982.

Acknowledgement of Review of Privacy Practice

I have reviewed this office's *Notice of Privacy Practice* which explains how my medical information will be used and disclosed. I have been given the opportunity to ask questions if I do not understand.

I understand that I am entitled to receive a copy of this document.

Signature of Patient or Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority

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