



**ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

I have reviewed a copy of the Notice of Privacy Practices for MacGregor Medical Center. The Notice describes how my health information may be used or disclosed by MacGregor Medical Center. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling MacGregor Medical Center's Privacy Contact Person at (210) 690-2273, or by requesting one at the MacGregor Medical Center's offices.

Signature of Patient

Printed Name

Date

Signature of Patient's Representative Printed Name

Date