CENTRAL TEXAS NEUROLOGICAL ASSOCIATION
Joel G. Freitag M.D. & Randy C. Gardell M.D.
205 Woodhew Dr, Ste. 110
Waco, Texas 76712
PH: (254) 399-9291
FAX: (254) 399-8414

Acknowledgement of Review of

NOTICE OF PRIVACY PRACTICES

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Patient Name (Please) Print: _____

Date: _____

Signature of Patient: _____

Or Legally Responsible Party (If patient is a minor or has a legally responsible representative)

Description of Responsible Party's authority: _____

OPTIONAL

In compliance with HIPAA Privacy Laws, please list below names(s) of representative(s) that you are giving consent to this office to discuss your personal medical conditions, appointment times, billing information, and scheduled procedures. **Only those listed can have access to your medical and billing information.**

Please print name(s):

1. _____
2. _____
3. _____
4. _____

This for expires **one year** from today unless a different expiration date is listed here:

_____

Date