



TEXAS PHYSICIANS GROUP
Primary Care and Specialty Clinics
Affiliate of Lubbock Heart & Surgical Hospital

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, acknowledge that I have received a copy of the TPG/LSH Notice of Privacy Practices.

 Patient Signature

 Date

 Patient Legal Representative (if applicable)

 Date

 Print Name of Legal Representative

 Relationship to patient

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For TPG USE ONLY

TPG/LSH made the following good faith efforts to obtain the above referenced individual’s written acknowledgement of receipt of the Notice of Privacy Practices:

(Identify the efforts that were made to obtain the individual’s written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.)

 TPG Representative

 Date

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