



TEXAS LIVER CONSULTANTS AT THE TEXAS LIVER INSTITUTE  
Acknowledgement of Receipt of Privacy Practices

**PATIENT'S RECORD**  
Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices from the medical practice of Texas Liver Consultants at The Texas Liver Institute.

\_\_\_\_\_  
Name of Patient (Print or Type)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative  
(Required if the patient is a minor or an adult who is unable to sign this form)

\_\_\_\_\_  
Relationship of Patient Representative to Patient

Note: Texas Liver Consultants at The Texas Liver Institute reserves the right to modify the privacy practices outlined in the notice.

Rev: July 2014