



*Board Certified in Reproductive Endocrinology and Infertility
Board Certified in Obstetrics and Gynecology*

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have been given the opportunity to review the Notice of Privacy Practices of the Texas Fertility Center that explains how my medical information may be used and disclosed. I understand that I am entitled to receive a copy of the Notice of Privacy Practices.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Description of Personal Representative's Authority

Signature of Partner or Personal Representative

Date

Printed Name of Partner or Personal Representative

Description of Personal Representative's Authority

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