



Endocrinology and Osteoporosis
Centers of Texas

HIPPA Compliance and Privacy Acknowledgment

The Health Insurance Portability and Accountability Act of 1996 requires us to notify you of our privacy practices in order to keep your private medical and personal information safe. Endocrinology and Osteoporosis Centers of Texas and its affiliates is committed to the continuation of confidential patient information. We are required by law to (i) maintain the privacy and protection of your health information; (ii) provide notice of our privacy practice; (iii) notify you if there is a breach of confidentiality of your health information; and (iv) how we may use and disclose your information.

We may use and share your information to:

- Provide care and treatment within our practice and/or other medical practices/hospitals.
- Bill or seek information from insurance companies for services we have provided.
- Maintain our medical practice.
- File reports with public health and safety entities.
- Conduct research studies.
- Respond to workers' compensation, law enforcement or any other government agency.
- Defend lawsuits or legal actions.

You may designate certain persons to receive your information. We will not disclose any information without your consent unless it is vital to the course of treatment.

I consent and designate this person may receive information regarding my medical condition.

Name: _____ Relationship: _____

Phone number: _____



Endocrinology and Osteoporosis
Centers of Texas

Name: _____ Relationship: _____

Phone number: _____

Name: _____ Relationship: _____

Phone number: _____

As a patient you have the right to:

- Request a copy of your medical records.
- Make any correction to your records.
- Communication preferences of your records.
- Restriction of the information we share of your records.
- Designate a person whom we may share information.
- File a complaint if you believe your privacy has been violated.

I hereby acknowledge that I have read and understood the privacy policy of Endocrinology and Osteoporosis Centers of Texas and its affiliates.

Patient/Responsible Party Signature: _____

Date: _____