



**WRITTEN ACKNOWLEDGMENT OF RECEIPT OF
TEXAS CHILDREN'S HOSPITAL INTEGRATED DELIVERY SYSTEM
NOTICE OF PRIVACY PRACTICES**

By signing below, you acknowledge receiving the Texas Children's Hospital Integrated Delivery System ("TCH IDS") Notice of Privacy Practices ("Notice"). The Notice explains how TCH IDS may use and disclose your protected health information for treatment, payment, and health care operations purposes. "Protected health information" means your personal health information found in your medical and billing records.

TCH IDS reserves the right to change the Notice from time to time. A copy of the current Notice or a summary of the current Notice will be posted at patient service locations throughout TCH IDS and on our web site at <http://www.texaschildrenshospital.org>. The effective date of the Notice will appear on the first page of the Notice or summary. In addition, each time you register at or are admitted to any TCH IDS entity for treatment or health care services as an inpatient or outpatient, TCH IDS will have available for you, at your request, a copy of the current Notice in effect.

Your signature below only acknowledges that you have RECEIVED the Notice.

If you have questions about the Notice, please contact the TCH IDS Privacy Office. Contact information is located in the Notice.

Name of Patient (Printed): _____

Date of Birth: _____

Name of Patient's Representative (Printed): _____

Relationship of Patient's Representative to Patient: _____

Signature of Patient or Patient's Representative: _____

Date: _____