F3.2B

Practice: BEAUMONT BONE & JOINT INSTITUTE
Address: 3650 LAUREL AVE., BEAUMONT, TX. 77707
Privacy Official: DUANE N. HILL
Telephone: 409-838-0346

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page.

Print Name of Patient: _____
Signature of Patient: _____
Date: _____
Patient's Date of Birth: _____
Patient's ID/Chart Number: _____

For Personal Representative of the Patient (if applicable)

Print Name of Personal Representative: _____
Describe Personal Representative Relationship (parent, guardian, etc): _____
Signature of Personal Representative: _____
Date: _____

For Practice Use Only:

_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
Signature of Practice Employee Date