Ear, Nose, Throat & Allergy Center of Austin
Karen L. Stierman, M.D. Russell D. Briggs, M.D., F.A.C.S.
2765 Bee Caves Road, Suite 205 • Austin, TX 78746
1730 E. Whitestone Blvd., Suite 100 • Cedar Park, TX 78613
4112 Links Lane, Suite 204 • Round Rock, TX 78664
512-328-7722 • Fax: 512-328-7724

RECEIPT of
HIPAA Notice of Privacy Practices Acknowledgement

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review carefully.

Ear, Nose & Throat Center of Austin is required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our office, our medical staff and affiliated healthcare providers that jointly perform payment activities and business operation with our office. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Signature: Date:

Patient name:

Patient/Health Care Agent/Guardian/Relative Signature
(This signature indicates having received a copy of the Notice of Privacy Practices.)

☐ **Patient is unable to sign due to medical reasons**

☐ **Patient refuses to sign**

☐ **Other (Please Explain)**

This Acknowledgement Form will become part of your permanent medical record.