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PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Patient Name: _____ Birth Date: _____

Address: _____

City: _____ TX Zip Code: _____

PATIENT RECORD DISCLOSURES

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as correspondence to the individual's office instead of the individual's home.

Our office primarily uses email and text reminders to make sure you are aware of your appointments. We also may use phone calls from time to time to get in touch with you so please let us know if any of these modes of communication do not work for you and we will make every effort to respect your wishes.

Patient Signature: _____ Date: _____

Parental Guardian (if under 18) _____ Date: _____