

**AUSTIN'S FRIENDLY FAMILY MEDICINE, P.A.**  
7600 BURNET ROAD, SUITE 270 AUSTIN, TX 78757

**Acknowledgement of Notice of Privacy Practices**

I have been presented with a copy of the Notice of Privacy Practices for Austin's Friendly Family Medicine, P.A. detailing how my information may be used and disclosed as permitted under federal and state law.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If not signed by patient, please indicate relationship to patient (e.g., mother) and patient's name.

**Patient:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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