



UT Medical Group, Inc.
 Patient Care Is Our First Concern
 www.utmedicalgroup.com

Summary of Notice of Privacy Practices

Dear Patient,

Thank you for choosing UT Medical Group, Inc. (UTMG). Each time you visit one of our health care providers, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. The doctors and staff of UTMG use and maintain this and other health information related to the care you receive from us.

The attached version of our full Notice of Privacy Practices contains information to help you understand what is in your medical record and how your health information is used. This lets you better understand who, what, when, where, and why others may have access to your health information. It also helps you ensure the correctness of such information.

Please keep the full Notice and take it home with you. **You may read it now or later.** In either case, let us know if you have any questions after reviewing it. If you did not receive the full Notice, please ask the front desk staff person for a copy.

Please sign below to show that you received UTMG's full Notice:

 Signature of Patient or Personal Representative*

 Printed Name of Patient or Personal Representative*

 Date

 *Relationship to Patient (if Personal Representative)

*If Personal Representative, the patient is unable to sign because (check one):

Minor Incompetent Other (explain): _____

===== **For Office Use Only** =====

Date received: _____ Patient MRN: _____

Received by (employee name): _____

(Check if applicable) Patient refused to sign acknowledging receipt of the full Notice (explain):

