

**Acknowledgement of Review of
Notice of Privacy Practices**

I have had the opportunity to review the Arthritis & Osteoporosis Clinic of Brazos Valley's Notice of Privacy Practices. This folder explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Personal Representative

Date

Print Patient or Personal Representative's Name

Date

May we contact you by email?

_____ Yes

_____ No

If so, what is your email address?

After review by Dr. Ricardo Pocerull M.D., P.A. / Kelle Harper FNP-BC, may we reply to your email about recent orders such as labs or x-rays, only if reports are negative or to remind you to follow up?

_____ Yes

_____ No