

# Acknowledgement of Review of Notice of Private Practices

I have reviewed his office's Notice of Private Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

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Signature of Patient/Personal Representative

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Date

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Name of Patient/Personal Representative

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Description of Personal Representative's Authority

Silverlake Pediatric Clinic  
9721 Broadway Street  
Pearland, TX 77584  
Phone 713-436-3637  
Fax 713-436-3639