

**RETINA CONSULTANTS OF HOUSTON**  
6560 Fannin Street, Suite 750 Houston, TX 77030  
Phone (713) 524-3434 FAX (713) 524-3220

**NOTICE OF PRIVACY PRACTICES**

I have reviewed the Notice of Privacy Practices for Retina Consultants of Houston, which explains how my medical information will be used and disclosed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Printed)

**THE FOLLOWING SECTION IS TO BE COMPLETED, IF APPLICABLE:**

On behalf of the patient listed below, I have received a copy of Retina Consultants of Houston Notice of Privacy Practices, which explains how the patient's medical information will be used and disclosed.

I am authorized to sign on the patient's behalf in the capacity of (check one):

\_\_\_\_\_ Legal guardian (documentation required)

\_\_\_\_\_ Power of Attorney (documentation required)

\_\_\_\_\_ Parent of a minor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Patient Name (Printed)