18220 State Highway 249, Suite 335 ~ Houston, Texas 77070

NOTICE OF PRIVACY PRACTICES: ACKNOWLEDGEMENT AND REQUESTED RESTRICTIONS

To read Milepost Medical's Notice of Privacy Practices in its entirety, please visit our website at www.milepostmedical.com or ask for a copy in our office.

By signing below, you acknowledge that you have received access to the *Notice of Privacy Practices* prior to any service being provided to you by the Practice, and you consent to the use and disclosure of your medical information as set forth herein except as expressly stated below.

I hereby request the following restrictions on the use and/or disclosure (specify as applicable) of my information:

_____

_____

SIGNATURES:

Patient/Legal Representative: _____ Date:_____
(Signature)

Patient Name:_____ Patient Date of Birth: _____
(Please Print Name)

If Legal Representative, relationship to Patient: _____

Witness: _____Date:_____