

**Notice of Privacy Practices  
Effective/Updated 9/23/13**

A. Bert Blackburn M.D.  
Attn: HIPAA Officer  
1733 Curie Ste 300 El Paso Texas 79902  
915-532-3906

Notice of Privacy Practices details is available upon request. Please ask an office member for a copy if you wish to keep one or we have it available for you to view here in our office. If you have any questions about this Notice, please contact the Practice's HIPAA Officer at the address or phone number listed above.

**VII. ACKNOWLEDGEMENT AND REQUESTED RESTRICTIONS.**

By signing below, you acknowledge that you have received this *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:

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Patient Name: \_\_\_\_\_  
(Please Print Name)

Patient Date of Birth: \_\_\_\_\_

**SIGNATURES:**

Patient/Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

If Legal Representative, relationship to Patient: \_\_\_\_\_

Witness (optional) : \_\_\_\_\_ Date: \_\_\_\_\_

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