Scott L Sledge MD PA Attn: HIPAA Officer 155 E Sonterra Blvd San Antonio, Tx 78230 210-494-9600

To file a complaint, you may either call or send a written letter. The Practice will not retaliate against any individual who files a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

In addition, 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.

	*
Patient Name: (Please Print Name)	
(1 lease 1 thit (value)	
Patient Date of Birth:	
SIGNATURES:	
SIGNATURES.	
Patient/Legal Representative:	Date:
f Legal Representative, relationship to Patient:	e je se grafie.
Witness (optional):	Date:
	,