

**PAIN THERAPEUTICS PROFESSIONAL ASSOCIATION**

**Abraham G. Thomas, M.D.  
5420 West Loop South, Ste. 4300  
Bellaire, Texas 77401  
Phone (713) 797-0876 Fax (713) 797-1601**

**Acknowledgement of Review of Notice of Privacy Practices**

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

\_\_\_\_\_  
Patient Signature or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative