



HEARTLAND
CARDIOVASCULAR
CENTER, L.L.C.SM
*Hearts Are the Core of Our Practice*SM

Patient Name: _____

Acknowledgement of Receipt of Notice of Privacy Practices

(to be filed in patients medical record)

I have been presented with a copy of the Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my health information.

Signed: _____ Date: _____

Relationship (if not signed by patient): _____

Internal Use Only

If patient/patients representative refuses to sign acknowledgements, please document date and time notice was presented to patient and sign below.

Presented on (date and time): _____

By (name and title): _____