

**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

We are legally required to give you this Notice and to get a signed statement that you received it. By signing this form, you are saying that you have received Prescott Cardiology's Notice of Privacy Practices.

Prescott Cardiology's Notice of Privacy Practices tells you how we can use and disclose your health information. It also describes certain rights you have about your health information kept by us. Please review the Notice of Privacy Practices carefully. A copy of our Notice of Privacy Practices is also posted on our Patient Information Board in our lobby.

The undersigned hereby acknowledges receipt of Notice of Privacy Practices for Prescott Cardiology.

Patient's Printed Name

Date of Birth

Patient Signature or Authorized Representative

Date

Parent/Guardian Signature

Relationship to Patient

FOR OFFICE USE ONLY:

If the patient did not sign an acknowledgement of receipt of the Notice of Privacy Practices, complete the following:

List efforts taken to get patient's acknowledgement and reasons acknowledgement was not signed:

Signature of Staff Member

Printed Name of Staff Member

Date

804 Ainsworth Dr. Suite 102 Prescott AZ 86326-9911 (928) 776-0601 • FAX (928) 776-0620 • www.prescottcardio.com

PRESCOTT CARDIOLOGY