

**Acknowledgement of Receipt of "Patient Notice of Privacy Rights"
Summary Notice (4-14-03)**

"THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY."

As our patient, under HIPAA, the new federal privacy act, you have specific privacy rights. This notice is provided in 2 pages. This 1st page summarizes how we handle your health information, and contains the acknowledgement of receipt that we are required by law to attempt to obtain. The 2nd page contains the details about our privacy policies and procedures. We are required to have and provide a notice for our patients detailing how medical information about them may be used and disclosed and how you can get access to this information.

You have a right to review our notice before signing this acknowledgement. A copy of our "Patient Notice of Privacy Rights" is posted in our waiting room and is provided to all patients at their initial visit to our office beginning 4-14-03. The terms of our notice may change. Any change in our notice will be posted in our waiting rooms. This is a summary notice of your rights.

A summary of your rights includes your right to:

- a. restrict the use and disclosure of health care information (but your doctor is not required to grant this type of request)
- b. receive confidential communications in an alternate form or location
- c. inspect, copy, and amend protected health information (you may be billed for the cost of copying)
- d. know about any unauthorized disclosure of protected health information
- e. have a copy of our patient privacy notice

You must be given a copy of the "PATIENT NOTICE OF PRIVACY RIGHTS with REGARD TO HEALTH CARE INFORMATION", from our receptionist.

Signature Acknowledgement:

I acknowledge the receipt of a copy of the "Notice of Privacy Practices" from Cardiology Consultants.

DATE PATIENT PRINTED NAME PATIENT SIGNATURE

Patient Representative Signature
(Required if minor or an adult who is unable to sign)

Documentation of Attempt to Obtain Acknowledgement of Receipt of Notice of Privacy Practices

This notice and acknowledgement was mailed to the patient's home address on ____/____/____.

The acknowledgement was not signed because:

- ∩ The patient refused to sign the acknowledgement
- ∩ The patient was undergoing emergency treatment
- ∩ Other: _____

Signature: _____
Signature of staff member Date