



Patient's Name \_\_\_\_\_

Chart #: \_\_\_\_\_

## W R I T T E N   A C K N O W L E D G E M E N T

Our NOTICE OF PRIVACY PRACTICES provides information about how we may use and disclose private health information about you. As provided in our NOTICE, the terms of our NOTICE may change. If we change our NOTICE OF PRIVACY PRACTICES, you may obtain a revised copy.

I, \_\_\_\_\_ (patient's name) have received a copy of  
CARDIOVASCULAR ASSOCIATES, LTD'S NOTICE OF PRIVACY PRACTICES.

I have had an opportunity to read the NOTICE OF PRIVACY PRACTICES.

I understand that I may ask questions of CARDIOVASCULAR ASSOCIATES, LTD if I do not understand any information contained in the NOTICE OF PRIVACY PRACTICES.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative of Patient

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Date