

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in Cardiovascular Associates, PC Notice of Privacy Practices. Cardiovascular Associates, PC is permitted to revise its Notice of Privacy Practices at any time. We will provide you with a copy of the revised Notice of Privacy Practices upon your request.

**By signing below, you are acknowledging that you have received a copy of Cardiovascular Associates, PC's Notice of Privacy Practices.**

Patient name: \_\_\_\_\_

Patient Representative: \_\_\_\_\_

If signed by Patient Representative, state authority to act on behalf of patient:  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CARDIOVASCULAR ASSOCIATES, PC USE ONLY**

I, \_\_\_\_\_, attempted to obtain the patient's acknowledgement of receipt of the Notice of Privacy Practices, but was unable to do so.

Reason acknowledgement not obtained: \_\_\_\_\_

\_\_\_\_\_  
CVA Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_