

CARDIOVASCULAR CONSULTANTS, P.A.
ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this form, you acknowledge that CARDIOVASCULAR CONSULTANTS, P.A. has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us.

If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

I have received CARDIOVASCULAR CONSULTANTS, P.A.'s Privacy Notice and I have been given the chance to discuss my concerns and questions about the privacy of my health information.

I authorize CARDIOVASCULAR CONSULTANTS, P.A. to disclose all health information about appointments, initial treatment, and/or other information pertinent to my healthcare and/or payment for my healthcare to the following personal representatives:

<hr style="border: none; border-top: 1px solid black;"/>	Relationship	<hr style="border: none; border-top: 1px solid black;"/>	Relationship
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You may revoke or terminate this authorization by submitting a written revocation to Cardiovascular Consultants, P.A. You should contact the Privacy Officer or another authorized representative to terminate this authorization.

Patient's / Patient Representative's Signature

Date *Print Name*

Staff Member / Witness Signature

Date *Print Name*

CARDIOVASCULAR CONSULTANTS, P.A.'s staff should complete if Acknowledgement Form is not signed:

Does patient have a copy of the Privacy Notice?

Yes No

Please explain why the patient was unable to sign an acknowledgement form and CARDIOVASCULAR CONSULTANTS, P.A.'s efforts in trying to obtain the patient's signature:

Cardiovascular Consultants, P.A.

7901 Maple Avenue, Takoma Park MD 20912, Tel 301-891-7000 ■ 15215 Shady Grove Road, Rockville, MD 20850, Tel 301-990-0040