



NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT

PATIENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Email: _____

I have received and understand Peak Heart and Vascular Notice of Privacy Practices written in plain language.

The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices and to make changes regarding all protected health information resident at, or controlled by, this practice. If changes to the policy occur, this practice will provide me a revised Notice of Privacy Practices upon request.

My privacy information may also be released to:

Name:	Relation to Patient:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient Signature (or Personal Representative): _____ Date: _____

Name and Relation to Patient (if signed by a personal representative):
