



SUN STATE CARDIOLOGY

1100 S. Dobson Road, Suite 118
Chandler, AZ 85286
(480) 821-3800
FAX (480) 821-3806

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices regarding my personal health information for the practice of Sun State Cardiology.

Name of Patient (Print)

Signature of Patient

Patient Date of Birth

Date

WHO MAY RECEIVE YOUR PROTECTED HEALTH INFORMATION?

Who may receive information regarding your Protected Health Information? (Check all that apply)

Spouse

Full Name

Date of Birth

Phone Number

Family Member

Full Name

Date of Birth

Phone Number

Full Name

Date of Birth

Phone Number

Friend

Full Name

Date of Birth

Phone Number

Signature of Patient Representative

Relationship to Patient

Required if the patient is a minor or an adult who is unable to sign this form

Yes Sun State Cardiology may leave messages on answering machine.

Declination of Signature

Your rights as a patient regarding the privacy of your health information are outlined in our Notice of Privacy Practices. To assist us in better serving you, our patient, we are making every effort to comply with all applicable laws pertaining to new HIPAA privacy regulations. Your signature or declination of signature does not negate any information contained within the Notice of Privacy Practice.

PATIENT'S SIGNATURE

DATE