

SUN STATE CARDIOLOGY
60 N. McClintock Dr., Suite 3
Chandler, AZ 85226
Phone: 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 <small>(Required if the patient is a minor or an adult who is unable to sign this form)</small>	Relationship to Patient
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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.