



Cardiac Disease Specialists, P.C. is a healthcare provider and will share my health information for treatment, payment and healthcare operations, including to my primary care physician. I have been provided access to the Notice of Privacy Practices that describes how my health information is used and shared. I also have access to a copy of these rights to retain for my records. I understand that Cardiac Disease Specialists, P.C. has the right to change this notice at any time. I may obtain a current copy by contacting the Privacy Officer at 404-352-1611 x193.

My signature below constitutes my acknowledgement that I have been provided access to the Notice of Privacy Practices.

Patient/Legal Guardian/Relative Signature

Date

Legal Guardian/Relative Relationship

If any person is physically unable to provide a signature OR signs with a mark, print his/her name on the appropriate line above and record the signatures of two responsible persons who witness that such person understands the nature of this acknowledgement on the line below.

Witness

Date

Witness

Date

If patient/resident is not capable of acknowledging the notice because of age or medical condition, complete the following:

Patient/resident is a minor (____ years of age) OR Patient/resident is unable to acknowledge because

I authorize Cardiac Disease Specialists, P.C. to leave a message on my answering machine/voice mail with results information.

I authorize Cardiac Disease Specialists, P.C. to have conversations pertaining to my Protected Health Information in front of anyone who accompanies me into the exam room.

I authorize Cardiac Disease Specialists, P.C. to include the following person(s) in any conversations regarding my Protected Health Information:

Name Relationship

Name Relationship

Name Relationship

Signature

Date