

Virginia Cardiovascular Consultants, PC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY

Virginia Cardiovascular Consultants, PC reserves the right to modify the privacy practices outlined in the notice.

Signature

I have received or have been offered a copy of the Notice of Privacy Practices for Virginia Cardiovascular Consultants, PC.

Printed Name of Patient

Signature of Patient

Date

Signature of Patient Representative
(Required if patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient