

C.A.I.
A Cardiovascular & Arrhythmia Institute

Acknowledgement of Receipt of Notice of Privacy Practices

By signing below I acknowledge that I have received the Notice of Privacy Practices of Cardiac Arrhythmia Institute, LLC, which explains its legal duties and privacy practices with respect to my protected health information. I understand that I may refuse to sign this Acknowledgement. I also understand that CAI uses an electronic medication prescription program that retrieves your previous 2 years of prescribed medication. By signing below, I give consent to view these records.

OK to leave a voice mail for test results and general information? Yes / No

Please designate one person (name, relationship and phone number) other than yourself, who can receive information on you:

x _____ Phone Number _____.

Date: _____

Signature of Patient or Patient Representative: _____

Print Patient or Patient Rep.'s Full Name: _____

Brief Description of Patient Rep's Authority: _____

For Office Use ONLY

I, _____, made a good faith effort to obtain written acknowledgement of _____'s receipt of Notice of Privacy Practices of A Cardiovascular and Arrhythmia Institute, LLC. However, I could not obtain the written acknowledgment because: (please check a box below)

_____ The individual refused to sign this acknowledgment

_____ Communications barrier prohibited obtaining this written acknowledgment

_____ An emergency situation prevented obtaining written acknowledgement

_____ Other (please specify)
