



P I N N A C L E

CARDIOVASCULAR ASSOCIATES

Acknowledgement of HIPAA Notice of Privacy Practices

I hereby acknowledge that I have received a copy of Pinnacle Cardiovascular Associate's **HIPAA NOTICE OF PRIVACY PRACTICES**. I understand that if I have questions or complaints regarding my privacy rights, that I may contact the person named as the Privacy Officer. I further understand that Pinnacle Cardiovascular Associate will offer me updates to this **HIPAA NOTICE OF PRIVACY PRACTICES**, should it be amended, modified or changed in any way.

Patient or Representative Name (Please Print)

Patient or Representative Signature

Date

To be completed by Pinnacle Cardiovascular Associates

After a good faith attempt to obtain an Acknowledgement of receipt, the patient or representative refused or was unable to sign the Privacy Notice for the following reasons:

Signature of Pinnacle Cardiovascular Associates Representative

Date