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Phone 803.324.4900 · Fax 833-559-1046

Acknowledgment of Notice of Privacy Practices

The Notice of Privacy Practices itself is a separate document, available at the front desk. This page only records that you received it, and tells us who you permit us to speak with.

Acknowledgment

I acknowledge that I have been provided with a copy of the Notice of Privacy Practices of Palmetto Cardiology of York County, LLC, which describes how my health information may be used and disclosed, and how I can get access to that information.

Patient name

Date of birth

Patient signature

Date

Printed name

If signing for the patient,
relationship

Permission to share information

Optional. We will not discuss your care with anyone not listed here.

I authorize the practice to discuss my medical information, including test results and appointment details, with the people named below.

Name

Relationship

Phone

Name

Relationship

Phone

How we may contact you

You may leave a detailed message:

- | | |
|---|--|
| ☐ On my home voicemail | ☐ On my mobile voicemail |
| ☐ With the people listed above | ☐ Please leave only a callback number |

For office use only

If the acknowledgment could not be obtained, describe the good-faith effort made and the reason it was not obtained.

Reason

Staff member

Date
