

MID AMERICA HEART, P.C.

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**Receipt of Notice of
Privacy Practices Form**

I, _____, hereby acknowledge receipt of the physician's
(Patient's Name)

Notice of Privacy Practices: The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved a right to change his or her privacy practices that are described in the Notice. I also understand that a copy of any revised Notice will be provided to me or made available.

Signed: _____ Date: _____

If you are not the patient, please specify your relationship to the patient.

***Patient File**