



El Centro de Corazón

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## El Centro de Corazón Notice of Privacy Practices and Patient Rights

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### Acknowledgement of Receipt

I have received a copy of the El Centro de Corazón's "Notice of Privacy Practices and Patient Rights", which explains how my health information will be used and disclosed.

\_\_\_\_\_  
Patient Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

If completed by a patient's personal representative or if patient is a minor, please print and sign name in the space below.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For office use only

An attempt was made to obtain written acknowledgement of receipt of El Centro de Corazón's Notice of Privacy Practices; however, this could not be obtained for the following reasons:

- Individual refused to sign
- An emergency situation prevent us to obtain acknowledgment
- Other (Please specify)

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature