El Centro de Corazón Notice of Privacy Practices and Patient Rights

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