

### Acknowledgement of Receipt of CIS Notice of Privacy Practices

A copy of Cardiovascular Institute of the South's Notice of Privacy Practices has been made available to me. This notice states in detail how my protected health information may be used and disclosed as permitted under federal and state law. I understand that I should read it carefully and I am aware that the Notice may be changed at any time. I may obtain a revised copy of the CIS Notice by requesting one at any CIS office or by visiting the web site at [www.cardio.com](http://www.cardio.com).

\_\_\_\_\_  
Patient Name (Please print)

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Date

As a representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Witness