



Virginia Cardiovascular Specialists

Written Acknowledgement Form

Patient Name _____ Chart # _____

Our Notice of Privacy Practices provides information about how we may use and disclose medical information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy.

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature

Date

I understand that I may ask questions of VCS if I do not understand any information contained in the Notice of Privacy Practices.

Please allow the following people to have access to my Medical Records (e.g., list name of spouse, parents, children, etc.):

VCS staff has my permission to leave medical information on my home answering machine and/or cell phone voice-mail.	
_____ Phone number	
_____ Second phone number	
_____ Email Address	
_____ Patient Signature	_____ Date

Patient signature

Date

Authorized representative of patient

Relationship to patient

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

- Other:

Prepared By _____

Signature _____

Date _____