Acknowledgement of Receipt of Privacy Notice

I have been presented with a copy of Gulf Coast Cardiothoracic and Vascular Surgeon's **Notice of Privacy Policies,** and a copy of the **Patient Consent for Use and Disclosure of Protected Health Information** detailing how my information may be used and disclosed as permitted under federal and state law.

Further, I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to medical assignment of benefits apply.

_____ _____

Signature of Patient or Legal Representative Date

If not signed by patient, please indicate relationship to patient (e.g., spouse, legal guardian)

Relationship to patient_____

Internal Use Only:
If patient or patient's representative refuses to sign acknowledgement of receipt of notice, please document the date and time the notice was presented to patient and sign below.

Presented on:

Date:_____Time_____

Staff Member Name:_____