



6309 E Baywood Ave Ste 101, Mesa, AZ 85206
3367 S Mercy Rd, Unit #201, Gilbert, AZ 85297
4838 E Baseline Rd, Unit #105, Mesa, AZ 85206
37200 N Gantzel Rd, Ste 350, Queen Creek, AZ 85140
P (480) 641-5400 F (480) 218-4353

Notice and Acknowledgement of Receipt of Privacy Policy – HIPAA

Acknowledgement:

I acknowledge that I have received CardioVascular Associates of Mesa’s Notice of Privacy Practices.

Patient or Personal Representative Signature

Date

Patient or Personal Representative Print

Date

If signed by a Patient Representative, state relationship to patient _____

You have the right to request restrictions or limitations on your health information used for treatment, payment or health care operations. You may request us to limit disclosure to someone involved in your care or in payment for your care by written request.

I hereby request the **nondisclosure** of my health information to the following individual/entity.

Name

Relationship

Patient or Personal Representative Signature

Date