



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received a copy of Mid America Heart & Lung Surgeons, P.C.'s Notice of Privacy Practices.

Patient Signature or Representative

Date

For internal use only

If patient/patient's representative refuses to sign acknowledgement, please document date and time notice was presented to patient and sign below.

ACKNOWLEDGEMENT OF GOOD FAITH EFFORT

Patient received a copy of Mid America Heart & Lung Surgeons, P.C.'s Notice of Privacy Practices and refused to acknowledge receipt at this time.

Patient Signature

Date and Time presented

Signature of Privacy Officer

Date

This is a permanent part of the medical record and shall be retained with the chart at all times.