

Pinnacle Cardiology, P.C.

Acknowledgment of Receipt of Privacy Notice

Original to be maintained in patient's permanent medical record.

I acknowledge that the office's Notice of Privacy Practices has been made available to me.

Patient or legally authorized individual signature

Date

Printed Name if signed on behalf of the patient

Relationship (parent, legal guardian, personal representative, etc.)

10250 N. 92nd Street ♦ Suite 203 ♦ Scottsdale, Arizona 85258 ♦ tel: 480-614-0460 ♦ fax: 480-614-0461

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