

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

I acknowledge I was given the opportunity to receive and/or review a copy of Baron Cardiology Group's *Notice of Privacy Practices* as required by the Health Information Portability and Accountability Act of 1996 (HIPAA).

(Date)	(Print Name)	(Signature)
OR		
(Signature of Personal Representative)		
PLEASE NOTE: It is your right to refuse to sign this Acknowledgement.		
	For Office Use Only	
I tried to obtain written	Acknowledgement by the individual noted above	but could not do so for the following reason(s):
	Acknowledgement by the individual noted above, y prevented us from obtaining acknowledgement.	but could not do so for the following reason(s):
An emergency		
An emergency	y prevented us from obtaining acknowledgement.	dgement.