

## South Denver Cardiology Associates – A Centura Health Clinic

### PATIENT SIGNATURE SECTION:

#### Acknowledgement of Receipt of Notice of Privacy Practices:

I acknowledge that I have been offered or received the attached (above) Notice of Privacy Practices (“The Notice”) for the practice of South Denver Cardiology Associates.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Patient (or Patient Representative\*)

\_\_\_\_\_  
Signature Date

*\*\*\*If Patient Representative, legal documentation must be included to show authority to sign or receive information.*

*Notice of Privacy Practices, Effective 9/23/13*