

# NOVA Cardiovascular Care, Inc.

## Acknowledgement of Privacy Notice

NOVA Cardiovascular Care, Inc. will use and disclose your personal health information to treat you, to receive payment for care we provide and for other health care operations. Health Care operations generally include activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies regarding protected health information. The terms of the notice may change. Updates will be posted and available in our office. I acknowledge I have received, read and understand the NOTICE OF PRIVACY PRACTICES.

I, \_\_\_\_\_ give NOVA Cardiovascular Care, Inc. permission to speak to the following people regarding my health and information:

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Patient Signature

Date

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Printed Name