

CARDIOLOGY ASSOCIATES OF SAVANNAH, LLC
11700 Mercy Boulevard, #6
Savannah, GA 31419
(912) 927-3434

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, _____, have received a copy of
Patient Name Date of Birth

Cardiology Associates of Savannah's Notice of Privacy Practices.

Signature of Patient

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

Date

CAS Representative