

NORTHERN VIRGINIA CARDIOLOGY ASSOCIATES, P.C.
Acknowledgment of Privacy Notice

Northern Virginia Cardiology Associates 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 those 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 in regards to protected health information. The terms of the notice may change with time and we will post the current notice at our facility and have copies available for distribution. I acknowledge I have received, read and understand the NOTICE OF PRIVACY PRACTICES.

I, _____ give Northern Virginia Cardiology Associates permission to speak to the following people (if any) regarding my health and information:

Patient Signature

Date

Patient's Printed Name