



Denton Cardiology
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ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF NOTICE OF PRIVACY PRACTICES

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The notice contains a participant rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our notice, you may obtain a revised copy by contacting our office at (940) 383-1279.

You have the right to request that we restrict how protected information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke the Consent in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent. I understand that by refusing to sign this consent or revoking the consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Regulations. Denton Cardiology provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The participant understands that:

- Protected health information may be disclosed or used for treatment, payment and health care options.
- Denton Cardiology has a Notice of Privacy Practices and that the participant has the opportunity to review this notice.
- Denton Cardiology reserves the right to change the Notice of Privacy Practices.
- The participant has the right to request restrictions to the uses of their information but Denton Cardiology does not have to agree to those restrictions.
- The participant may revoke this Consent in writing at any time and full disclosures will then cease.
- Denton Cardiology may condition receipt of treatment upon the execution of this consent.

I have received a copy of the Summary Notice of Privacy Practices. I understand that I may also request a copy of the practice's complete Notice of Privacy Practices if I so desire.

I wish to have the following restrictions to the use or disclosure of my health information:

I authorize Denton Cardiology to leave detailed messages including appointment times, blood work results, testing results, and other general health information on my voice mail/answering machine. Detailed messages including appointment times, blood work results, testing results, and other general information may also be left with the following individuals: (I understand that information **MAY NOT** be shared with individuals who are not listed)

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name of Participant (print)	Signature of Participant	Date
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Participant Representative (print)	Signature of Representative	Date
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Relationship to Participant	(Required if Participant is a minor or an adult who is unable to sign this form)	
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