



**The Heart
& Vascular
Center**
OF SARASOTA

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY
PRACTICES**

I acknowledge that I have received a copy of the **HEART & VASCULAR
CENTER OF SARASOTA** Notice of Privacy Practices with the effective date of
April 14, 2003.

Patient Name (please print)

Signature of Patient/Patient Representative

Date

Relationship to Patient

Copy made for Patient: _____ Yes _____ No