

BATON ROUGE CARDIOLOGY CENTER

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

Name _____

Chart # _____

Date _____

**I acknowledge that I have received a copy of Baton Rouge Cardiology Center's
Notice of Privacy Practices on the date named above.**

Patient Signature

Patient Representative Signature
(if patient is unable to sign)

Relationship to Patient

**The patient refused to acknowledge the Notice of Privacy Practices offered to
him/her from Baton Rouge Cardiology Center.**

Employee Name

Employee Signature

Date