



NOTICE OF PRIVACY POLICY

Mulkey Cardiology Consultants complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Department of Health and Human Services rules that are designed to preserve privacy and identifiable patient information.

I acknowledge that I have been made aware that Mulkey Cardiology Consultants has a HIPAA policy in effect and I understand that a copy of the policy will be made available to me upon my request.

I would like to request a copy of the Notice of Privacy Practice:

_____ **YES** _____ **NO**

Patient name: _____ **Date:** _____

Signature: _____

If the person signing is not the patient, please print name/relationship to patient below:

Signature: _____

FOR OFFICE USE ONLY:

If copy of the Privacy Policy was requested, please complete:

Date given: _____ **Employee:** _____

www.mulkeycardiology.com