



California Heart & Vascular Clinic  
Athar Ansari, M.D., INC. Cardiology  
790 W. Orange Ave., Ste. B  
El Centro, CA 92243

Phone: (760) 353-3222  
Fax: (760) 353-3311

## ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Athar Ansari, MD, Inc. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practice* is subject to change. If we change our notice, you may obtain a copy of the revised notice at our office.

If you have any questions about our *Notice of Privacy Practices*, please contact:

*Privacy Officer*

*790 W. Orange Ave, Ste. B*

*El Centro, CA 92243*

*(760) 353-3222 for Athar Ansari, MD, Inc.*

I acknowledge receipt of the Notice of Privacy Practices of Athar Ansari, MD, Inc.

\_\_\_\_\_  
Signature (patient/parent/conservator/guardian)

\_\_\_\_\_  
Date

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## INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of provider representative: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_