



California Heart  
& Vascular Clinic

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

## **PATIENT ACKNOWLEDGEMENT HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient rights section describing your rights under the law. You have the right to review our Notice before signing this acknowledgement. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office

The Summary of our Notice of Privacy Practices is posted; in our main lobby.

If you wish for person(s) other than those released under normal operations as indicated in the Notice to receive confidential information that is, protected under this law, you must release them in writing. Please indicate on the patient demographic form (spouse or any family, friends) whom you wish to be able to receive information about you. You may of course choose not to release information to anyone. You may also be more specific in your restrictions for the persons you have listed. Just provide that request in writing. Parents or Guardians of minor children do not need to be released.

Please be aware that our staff has to follow federal laws on information that we release by phone and we may choose any time not to release information of any kind by phone, if we feel that the person requesting the information in not authorized or the information is too sensitive to release by phone.

By signing this form, you are acknowledging that the California Heart & Vascular Clinic has made our Notice of Privacy Practices available to you for review.

Signature:

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Date:

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Acknowledgement signed by:

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Print Name (Patient or Representative) :

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Relationship to Patient (if other than Patient) :

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Signature Practice Representative:

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