



# River Region Cardiology

185 Mitylene Park Lane    Montgomery, AL 36117  
334-387-0948 Office    334-387-0955 Fax

## **PATIENT'S RIGHT TO AGREE TO INCLUSION OR OPT OUT FORM** Questions to patients requiring a response to appropriately maintain their privacy

**YES**

**NO**

**Do you wish for us, in the course of your care, to release information regarding you and your health information to:**

- A family member;
- Other relative;
- Close personal friend (s); or
- A personal representative identified by you.

**If yes, please identify by name:**

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## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

I acknowledge that I have been provided a copy of the practice's

**"NOTICES OF PRIVACY PRACTICES"**

Which provides a description of the manner in which the practice may use and disclose my protected health information.....

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

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
**Patient's name (please print)**