



Healthy Heartbeat, PC

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, _____, ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE HEALTHY HEARTBEAT, PC NOTICE OF PRIVACY PRACTICES. THIS NOTICE DESCRIBES HOW HEALTHY HEARTBEAT, PC MAY USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION (PHI), CERTAIN RESTRICTIONS ON THE USE AND DISCLOSURE OF MY HEALTHCARE INFORMATION, AND RIGHTS I MAY HAVE REGARDING MY PROTECTED HEALTH INFORMATION (HPI).

SIGNATURE OF PATIENT/PERSONAL REPRESENTATIVE

RELATIONSHIP TO THE PATIENT

DATE

30 JULY 2016