

**Advanced Cardiovascular Care P.C.  
dba Bellevue Cardiology**

**12717 S 28<sup>th</sup> Ave  
Bellevue, NE 68123**

**PRIVACY NOTICE ACKNOWLEDGEMENT**

I have received the Bellevue Cardiology **Notice of Privacy Practices**. (Note: My signature does not indicate that I have read, understood or agree with the Notice only that it has been made available to me.)

**This section is to give Bellevue Cardiology permission to contact the following persons regarding my health care:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Tell us how we may contact you: (Check all that apply)**

- Home/Cell #: \_\_\_\_\_
- Work #: \_\_\_\_\_
- Leave a Message: Appointment Date & Time
- Leave a Message: Normal Test Results
- Do not** Leave a Message

**X** \_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Date