

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

12717 S 28th 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: _____

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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