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John W. Mitchell, MD.  
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You have a right to review The Heart Center Cardiology, PC Privacy Notice prior to signing this receipt.

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE RECEIPT OF THIS PRIVACY NOTICE.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Patient's Representative

\_\_\_\_\_  
Printed Name of Patient's Representative (if signed by Patient's Representative)

\_\_\_\_\_  
Representative's Relationship to Patient (If signed by Patient's Representative)

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To be completed by The Heart Center Cardiology, PC

After good faith attempt to obtain an Acknowledgment Receipt, the patient or representative refused or was unable to sign the Privacy Notice for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

Signature of THCC Representative

\_\_\_\_\_

Date