



Nicolas N. Doan Van, MD, FACC, Inc.
 Arvind S. Nirula, MD, FACC, FSCAI, Inc.
 Sanjiv M. Patel, MD, FACC, FSCAI
 Jennifer Lee Wong, MD, FACC, Inc.
 Sarah Elsayed, MD, FACC, FSCAI, RPVI
 Tae Y. Yang, MD
 Hoang P. Nguyen, MD
 Nikhil P. Warriar, MD
 Yu-Ming Ni, MD
 Kerry Wood, NP-C

Acknowledgement of Receipt of Notice of Privacy Practices

California Heart Associates

- 18111 Brookhurst St., Suite 5100 • Fountain Valley, CA 92708
- 18111 Brookhurst St., Suite 5800 • Fountain Valley, CA 92708
- 16300 Sand Canyon Ave., Suite 708 • Irvine, CA 92618

Contact: Lisa Green (714) 546-2238

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____

Date: _____

Print Name: _____

Telephone: _____

If not signed by the patient, please indicate:

Relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

Name of Patient: _____