

**CENTRAL FLORIDA CARDIOLOGY GROUP, P.A.**

**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I have received a copy of the Notice of Privacy Practices (the "Notice"). The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. In addition, I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling Ajay Thakur MD at 407-841-7151 or by requesting one at our Company's offices.

Signature of patient or patient representative: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name of patient or patient representative: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**ACKNOWLEDGMENT OF RECEIPT OF  
BILLING AND COLLECTIONS POLICY AND PROCEDURE**

I have received a copy of the Billing and Collections Policy and Procedure. I acknowledge and understand that I am responsible for all charges incurred for my care.

Signature of patient or patient representative: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name of patient or patient representative: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_