



River Region Cardiology

114 Mitylene Park Lane
Montgomery, AL 36117
334-387-0948
334-387-0955 Fax

M. Luqman Ahmed, MD, FACC
Pervaiz Malik, MD, FACC, FSCAI
Narinder P. Bhalla, MD, FACC, FSCAI
Laura Rue, CRNP
Paige Chisum Pierce, CRNP
Misty Riley – Administrator

PATIENT’S RIGHT TO AGREE TO INCLUSION OR OPT OUT FORM

Questions to Patients Requiring a Response to Appropriately Maintain Their Privacy:

YES NO

Do you wish for us, in the course of your care, to release information regarding you and your health information to:

- A family member;
- Other relative;
- Close personal friend(s); or
- A personal representative identified by you.

If yes, please identify by name:

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have been provided a copy of the practice’s
“NOTICES OF PRIVACY PRACTICES”

Which provides a description of the manner in which the practice may use and disclose my protected health information...

Signature of Patient or Personal Representative

Date: _____

Patient’s name (please print)