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I acknowledge having received a copy of *Notice of Privacy Practices for Utah Cardiology, PC*

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

Patient refused to sign acknowledgement Initial: \_\_\_\_\_

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

I, \_\_\_\_\_, authorize the following person's access to my records at any given time until I notify Utah Cardiology otherwise.

NAME	RELATIONSHIP

Patient Name: \_\_\_\_\_

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