



**Acknowledgement of Receipt of Notice Of Privacy Practices  
and Consent to Disclosures**

**Louisiana Cardiovascular & Limb Salvage Center  
Louisiana Cardiovascular & Nephrology Center of Excellence**

A copy of the Notice of Privacy Practices of Louisiana Cardiovascular & Limb Salvage Center and Louisiana Cardiovascular, Limb, Foot and Wound Center of Excellence (collectively, "LCLSC") has been made available to me. This notice states in detail how my protected health information may be used and disclosed as permitted under federal and state law. I understand that I should read it carefully and that I may direct any questions, concerns or complaints regarding the privacy practices of LCLSC to the Privacy Officer, whose contact information is below. I am aware that the Notice may be changed at any time. I may obtain a revised copy of LCLSC's Notice by requesting one at any of my office visits.

I give my consent to LCLSC to use and/or disclose my protected health information for the purposes of treatment, payment, and health care operations as allowed by HIPAA.

Contact the Privacy Officer: 901 Wilson Street ; Lafayette, LA 70503;  
Phone: (337) 456-6523; Fax: (337) 456-6521;

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

Date of Birth: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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

As the patient's personal representative, I acknowledge receipt of the Notice on his or her behalf.

Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date \_\_\_\_\_

LCLSC employee Witness \_\_\_\_\_ Date \_\_\_\_\_