



Carolina Vascular  
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## Notice of Privacy Policy Acknowledgement

I \_\_\_\_\_ acknowledge that I have received a copy of the Carolina Vascular Surgery & Diagnostics, PA **Notice of Privacy Practices** on the following date. I understand that it is important for me to review this notice because it describes how medical information about me may be used and disclosed and how I can get access to this information.

I further understand that questions regarding Carolina Vascular Surgery & Diagnostics privacy policy can be answered by their privacy officer as described in section 5 of the **Notice of Privacy Practices**.

\_\_\_\_\_  
Signature

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Date

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