

# Cardio Medical and Vein Center

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Internal Medicine | Cardiovascular Medicine | Vascular Ultrasound | Vein care | Invasive Cardiology

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

I understand that the providers of Cardio Medical and Vein Center (CMVC), may share my health information for treatment, billing and healthcare operations. I have been given a copy of the organization's notice of privacy practices that describes how my health information is used and shared. I understand that Cardio Medical and Vein Center has the right to change this notice at any time. I may obtain a current copy by contacting the practice's office.

My signature below constitutes my acknowledgment that I have been provided with a copy of the notice of privacy practices.

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Signature of Patient or Legal Representative

Date

If signed by a legal representative,

relationship to patient \_\_\_\_\_