

Denali Cardiac & Thoracic Surgical Group, L.L.C.
3841 Piper St. Suite T377
Anchorage, Alaska 99508
(907) 375-2000

By signing this form, I acknowledge that I have received a copy of Denali Cardiac & Thoracic Surgical Group, L.L.C.'s, Privacy Practice Notice.

Patient Name

Patient Signature (or legal representative)

Date

Name of Legal Representative *(if not signed by the patient)*

Relationship to patient

A good faith effort was made to obtain the patient's acknowledgment of the receipt of the Notice of Privacy Practices. The following identifies the efforts made and the reason the acknowledgment was not obtained.

Signature of Denali Cardiac & Thoracic Surgery, PC
staff member

Date