

**Denali Cardiac & Thoracic Surgical Group, L.L.C.**  
2751 Debarr Rd. Ste. B320  
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.

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Patient Name

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Patient Signature (or legal representative)

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Date

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

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Relationship to patient

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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.

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Signature of Denali Cardiac & Thoracic Surgery, PC  
staff member

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Date