



Henry K. Lui, M.D., F.A.C.C., F.S.C.A.I.,  
F.A.C.P.

New Patient

Established Patient

**PRIVACY PRACTICES ACKNOWLEDGEMENT**

I have been presented with a copy of Apex Cardiology, P.C.'s Notice of Privacy Policies, detailing how my information may be used and disclosed as permitted under federal law and state law. I understand the contents of the Notice, and I request the following restriction(s) concerning the use of my personal medical information. Please list anyone that we can discuss your medical care.

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Further, I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to medical assignment of benefits apply.

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

If not signed by patient, please indicate relationship to patient (e.g., spouse)

Relationship: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

Internal Use Only:

If patient or patient's representative refuses to sign acknowledgement of receipt of notice, please document the date and time the notice was presented to patient and sign below.

Presented on (date and time): \_\_\_\_\_

By (name and title): \_\_\_\_\_

327 Summar Drive  
Jackson, TN 38301  
Phone: 731.423.8200  
Fax: 731.423.6200

Email: [info@apexcardio.com](mailto:info@apexcardio.com)  
Website: <http://www.apexcardio.com>