

**PEDRO R. HERNANDEZ-LATTUF, M.D., P.A.**  
**CARDIOLOGY**

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Effective Date: September 23, 2013**

This Notice of Privacy Practices (the “*Notice*”) tells you about the ways we may use and disclose your protected health information (“*medical information*”) and your rights and our obligations regarding the use and disclosure of your medical information. This Notice applies to Pedro R. Hernandez-Lattuf, M.D., P.A., including its providers and employee.

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_  
(Please Print Name)

Patient/Legal Representative **SIGNATURES:** \_\_\_\_\_ Date: \_\_\_\_\_

If Legal Representative, relationship to Patient: \_\_\_\_\_

Witness (optional) : \_\_\_\_\_ Date: \_\_\_\_\_