

ASSOCIATES IN OBSTETRICS AND GYNECOLOGY, PC
1105 Burleyson Road • Dalton, Georgia 30720

Patient Acknowledgment of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices of Associates in Obstetrics & Gynecology, PC on the date indicated below.

I understand that if any changes are made to this Notice Of Privacy Practices, a revised copy of the Notice will be posted in the offices of Associates in Obstetrics & Gynecology, PC.

I also understand that if I wish to receive additional copies of this Notice of Privacy Practices in the future or if I have any questions with regard to this Notice of Privacy Practices, I may contact:

Associates in OB/GYN • Attn: Privacy Officer
1105 Burleyson Road • Dalton, Georgia 30720
706-278-4640 Office • 706-275-6599 FAX

Signature of Patient

Print Name

Date

THIS SPACE TO BE USED BY PRACTICE ONLY

Date Acknowledgment denied by patient:

Reason denied by patient:

Name of person reviewing denial:

Date: