Acknowledgement of Receipt of
Notice of Privacy Practices
For

1348 Walton Way Suite 4100
Augusta, Ga. 30901
Ph. (706) 722-1381 Fax (706) 823-6871
465 N. Belair Rd. Suite 2A
Evans, Ga. 30809

I hereby acknowledge that I have received the Notice of Privacy Practices for the above office.

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Signature: Patient's Name / Personal Representative (as defined by HIPAA) Date

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Description of Personal Representation and please attach copy of documentation.

Documentation of "Good Faith" Attempt to get acknowledgement signature.

- ☐ Document presented to patient, but patient refused to sign acknowledgement.
- ☐ Patient presented with an emergency situation and there was no time to give the Notice or receive a signature. Attempt to get give the Notice, and get any acknowledgement will be handled as soon as possible.
- ☐ Documentation was presented to the patient but a communication failure prevented us from receiving the acknowledgement.
- ☐ The documentation was mailed to the patient but never returned to us.
- ☐ The documentation was made available to the patient online.
- ☐ Other ____
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Employee preparing document Date

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