770-485-5403

Advanced Audiology & Hearing Aid Center ***Fax: 770-485-6555***

www.heargeorgia.com info@heargeorgia.com 1676 Mulkey Rd., Suite 100 - Austell, GA 30106

Acknowledgement of Receipt of Notice

I hereby acknowledge that I have read this medical practices notice of Privacy Practices.

Yes ____ No ____ I wish to receive a copy of Notice of Privacy Practices.

Signed _____ Date _____

Name: Telephone :

If not signed by the patient indicate relationship

Parent or guardian if patient is a minor
Guardian or conservator of an incompetent patient
Beneficiary or personal representative of deceased patient

Name of Patient (if different than above) _____

For office use only:
Signed and received by: _____

Acknowledgment refused: _____

Efforts to obtain

_____

_____

Reasons for refusal

_____

_____