

Infectious Disease Services of Georgia, P.C.

Acknowledgement of Receipt of Privacy Practices

I, \_\_\_\_\_, have received a copy of Infectious Disease Services of Georgia, P.C. Notice of Privacy Practices.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

For office use only

On \_\_\_\_\_ at \_\_\_\_\_ we made a good faith attempt to obtain a written acknowledgement of receipt of our NPP, but acknowledgement could not be obtained because of the following reason:

- Patient refused to sign
- Communications barriers prevented obtaining a receipt
- An emergency prevented obtaining a receipt
- Other: \_\_\_\_\_