

OB-GYN ASSOCIATES, P.A.

699 Church Street, Suite 300
Marietta, GA 30060

PATIENT ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

A copy of the Notice of Privacy Practices of OB-GYN Associates, P.A. is posted in the lobby for my review. I am aware that I can obtain a copy of this Notice at any time.

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 main waiting room area of OB-GYN Associates, P.A.

I also understand that if I have any questions with regard to this Notice of Privacy Practices, I may contact in writing the Practice Administrator at the following address:

OB-GYN Associates, P.A.
699 Church Street, Suite 300
Marietta, Georgia 30060
770 425-7601 (Fax)
pmclinden@ogamarietta.com (email)

Signature of Patient

Print Name

Date