

AGC
Athens Gastroenterology Center, P.C.
21 Jefferson Place · Athens, Georgia 30601

PATIENT ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICE
As required by the privacy standards of the Health Insurance
Portability and Accountability Act of 1996
(HIPAA)

I have received a copy of Notice of Privacy practices of ATHENS G.I. CENTER, P.C. on the date indicated below. (If you do not receive a copy, please request a copy.)

I understand that if any changes are made to this Notice of Privacy Practices, a revised copy of the Notice that will be posted in the offices of Athens Gastroenterology Center, P.C. 21 Jefferson Place Suite 1

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:

TanDeKaH S. Smith, RN, BSN
OFFICE MANAGER/CHIEF PRIVACY OFFICER
21 JEFFERSON PLACE SUITE 1
ATHENS, GEORGIA 30601
(706-548-0058) FAX (706-548-0555)

Signature of Patient

Print Name

THIS SPACE TO BE USED BY PRACTICE ONLY

Date Acknowledgment DENIED by Practice ONLY _____
Reason Denied by Patient _____
Name of Person reviewing DENIAL _____
Date _____