

**Acknowledgment of Receipt  
Of  
“Notice of Privacy Policies”**

I acknowledge that I have received a copy of Georgia Gynecology’s “Notice of Privacy Policies” for Protected Health Information.

\_\_\_\_\_  
Date of Receipt

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Representative

\_\_\_\_\_  
Patient Representative Signature

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For use by Georgia Gynecology Personnel only:

An acknowledgment of Receipt of Notice of Privacy Policies was not obtained because:

- Patient refused to sign Acknowledgment.
- Unable to obtain signed Acknowledgment due to communication/language barrier.
- Patient was not able to sign Acknowledgment due to emergency treatment situation.
- Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Georgia Gynecology Representative

\_\_\_\_\_  
Date