

ALLERGY & ASTHMA CLINIC OF SE GA  
ACUTE CARE CLINIC  
ABEDNEGO PRIMARY CARE

PATIENT ACKNOWLEDGEMENT OF  
NOTICE OF PRIVACY PRACTICES

As required by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

I have reviewed a copy of the Notice of Privacy Practices of the Allergy & Asthma Clinic / Acute Care Clinic / Abednego Primary Care on the date indicated below.

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 offices of the Allergy & Asthma Clinic / Acute Care Clinic / Abednego Primary Care.

I also understand that if I wish to receive a copy of this Notice of Privacy Practices or if I have any questions with regard to this Notice of Privacy Practices, I may ask the receptionist or contact:

Allergy & Asthma Clinic of SE GA  
Acute Care Clinic  
Abednego Primary Care  
1608 Meadows Lane  
Vidalia, GA 30474  
P (912) 537-9488  
F (912) 537-8951

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

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**THIS SPACE TO BE USED BY PRACTICE ONLY.**

DATE ACKNOWLEDGEMENT DENIED BY PATIENT: \_\_\_\_\_

REASON DENIED BY PATIENT: \_\_\_\_\_

NAME OF PERSON REVIEWING DENIAL: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_