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The Hand & Upper Extremity
CENTER OF GEORGIA, P. C.
SURGERY OF THE HAND, ELBOW AND SHOULDER

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Acknowledgement of Receipt of Privacy Practices

I _____, have received a copy of *The Hand & Upper Extremity Center of Georgia, PC* Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

For office use only

On _____ (date) at _____ (time) we made a good faith attempt to obtain a written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained for the following reason:

_____ Patient refused to sign

_____ Communications barriers prevented obtaining a receipt

_____ An emergency prevented obtaining a receipt

_____ Other: _____

Patient's Name: _____