

**Northside Office**  
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Atlanta, GA 30342  
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***The Hand & Upper Extremity  
Rehabilitation Center***

OF GEORGIA, L.L.C.  
THERAPY OF THE HAND, ELBOW AND SHOULDER

**Alpharetta Office**  
3400A Old Milton Parkway  
Suite 350  
Alpharetta, GA 30005  
404-639-9098

## **Acknowledgement of Receipt of Privacy Practices**

I \_\_\_\_\_, have received a copy of *The Hand & Upper Extremity Rehabilitation Center of Georgia, L.L.C.* 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: \_\_\_\_\_