



HIPAA – Notice of Privacy Practices Acknowledgement

I have received a copy of the GCS Notice of Privacy Practices (NOPP). The NOPP informs the patient of the possible uses and disclosures of protected health information (PHI) and patient’s privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement.

If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your PHI for treatment, payment, and health care operations when necessary. I understand that GCS has the right to change its NOPP from time to time and that I may contact GCS at any time to obtain a current copy of the NOPP.

If you have concerns, suggestions, and/or complaints you may contact GCS Privacy Officer at: 1835 Savoy Drive, Suite 300, Atlanta, GA 30341 or call (770) 496-9443.

Patient Name (print): _____ DOB: _____

Signature of patient: _____
/Legal Representative

Relationship to Patient: _____

Date: _____

FOR OFFICE USE ONLY	
<u>Date:</u>	
I have attempted to obtain the patient’s signature on this form, but was not able to for the following reason(s):	
<u>Document Reason(s) you were unable to obtain the signature:</u>	
<u>Person’s signature documenting reason:</u>	<u>Office:</u>