



**Atlanta Pelvic & Orthopedic
Rehab Center, LLC**

2900 Chamblee Tucker Rd Bldg 3 Atlanta, GA 30341; Phone (404) 935-9000

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, _____, have received a copy of the Notice of Privacy Practices of Atlanta Pelvic & Orthopedic Rehab Center, LLC, effective June 1, 2012. In addition, I acknowledge that by signing below, I am providing consent for the use of my PHI in the manner described in the Notice of Privacy Practices.

Name _____ (please print)

Signature _____

Date _____

For Office Use Only-

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining this acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

