



Buckhead ENT
Ear, Nose & Throat
www.buckheadent.com

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGMENT**

You have been given the Notice of Privacy Practices for Buckhead ENT and its Physicians. This Notice describes your legal rights regarding your health information and will inform you of the legal duties and privacy practices of Buckhead ENT with respect to health information created for services generated by Buckhead ENT. If you receive services by your physician or other health care providers at a different location, you may want to ask about that office or clinic's health information privacy policies and notices because they could be different.

Your name and signature below indicates that you have been provided with a copy of this Notice of Privacy Practices.

If you have a question regarding any of the information set forth in this Notice of Privacy Practices, please do not hesitate to call our Privacy Officer at (404) 350-7966.

■ **CONTACTS:** Please list other persons that we may inform about your health information.

■ **PHONE NUMBERS:** At which phone numbers would you like to receive calls about appointment, financial or medical condition information? *[check all that apply]*

Home Phone Cell phone Work Phone Other Phone: _____

■ **VOICE MAIL:** May appointment, financial or medical information be left on your answering machine or voice mail?

Yes No

■ **EMAIL:** When responding to an Email, may we include appointment, financial or medical condition information?

Yes No

Patient Name: _____

Signature of Patient
Or Responsible Party: _____

Date: _____