

Augusta Orthopedic & Sports Medicine Specialists, P.C

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Privacy Acknowledgement Form
For Use and Disclosure of Protected Health Information

Augusta Orthopedic & Sports Medicine Specialists, P.C.'s Notice of Privacy Practices provides information about how we may use and disclose protected health information about how we may use and disclose protected health information about you. You have the right to review our Notice before signing this Acknowledgement. As provided in the Notice, the terms of our Notice may change. If Augusta Orthopedic & Sports Medicine Specialists, P.C. changes its Notice, you may obtain a revised copy by requesting a copy in writing from:

Augusta Orthopedic & Sports Medicine Specialists, P.C.
P.O. Box 14039
Augusta, GA 30919
Attn: Ellen College, RT (Office Manager)

or by coming to our facility and requesting a revised Notice in person. You have the right to request that we restrict how your protected health information is used or disclosed for treatment, payment or health care operations. We are not required to agree to such a restriction, but if we do agree, we are bound by the agreement.

By signing this form, you acknowledge that Augusta Orthopedic & Sports Medicine Specialists, P.C.'s will use and disclose protected health information about you for treatment, payment and health care operations. You do not have to sign this acknowledgement and if you sign this acknowledgement, you have the right to revoke this acknowledgement, in writing, except where we have already made disclosures in reliance on your prior acknowledgement.

By signing this form, you also represent that you have received a copy of our Notice of Privacy Practices on the date indicated below.

Patient Name

Signature of Patient (or Legal Representative)

Date: _____

Medical Record Number: _____