

**PREMIER ORTHOPEDICS, PC.**

2405 OSLER COURT - ALBANY, GEORGIA 31707 - (229)435-1458  
 316 EAST 16<sup>th</sup> AVENUE - CORDELE, GEORGIA 31015 - (229)273-1730

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**PATIENT ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

Effective January 1, 2007

As Required by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

I have received or had the opportunity to read a copy of the **Notice of Privacy Practices** of Premier Orthopedics, P.C. on the date indicated below.

I understand that if any changes are made to this Notice of Privacy Practices, a revised copy of the Notice will be posted in the offices of Premier Orthopedics, P.C.

I also understand that if I wish to receive additional copies of this Notice of Privacy Practices in the future or if I have any questions with regard to this Notice of Privacy Practices, I may contact:  
 HIPAA Compliance Officer, 2405 Osler Court, Albany, Georgia 31707 (229) 435-1458

\_\_\_\_\_  
 Printed Name of Patient

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Patient or Patient's Representative (If under the age of 18)

\_\_\_\_\_  
 Printed Name of Patient's Representative (If under the age of 18)

\_\_\_\_\_  
 Relationship To Patient

Please list all persons that we may discuss your Private Healthcare Information (PHI) with including friends and family. This information may include, but is not limited to the following: Appointment information, billing or insurance issues, lab results, treatment plan or medications prescribed, etc...

_____	_____
_____	_____
_____	_____

THIS SPACE TO BE USED BY PRACTICE ONLY.

Date acknowledgement denied by patient: \_\_\_\_\_

Reason denied by patient: \_\_\_\_\_

Name of person reviewing denial: \_\_\_\_\_

Signature of Premier Representative:

Date: