



PATIENT ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

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

A copy of the Notice of Privacy Practices of Non-Surgical Orthopaedics, P.C. is provided in the lobby for my review. I am aware that I can obtain a copy of this Notice at any time.

I understand that if any changes are made to this Notice of Privacy Practices, a revised copy of the Notice will be provided in the main waiting room area of Non-Surgical Orthopaedics, P.C.

I also understand that if I have any questions with regard to this Notice of Privacy Practices, I may contact in writing the Practice Administrator at the following address:

Non-Surgical Orthopaedics, P.C.
335 Roselane Street
Marietta, GA 30060

770-421-8055 (fax)
jennifer@lowbackpain.com (email)

Signature of Patient

Print Name

Date: