

**INFECTIOUS DISEASE SERVICES OF GEORGIA, P.C.**  
ROSWELL • CUMMING • JOHNS CREEK

**ACKNOWLEDGEMENT OF RECEIPT  
OF PRIVACY PRACTICES**

I \_\_\_\_\_ have received a copy of Infectious Disease Services  
(print name)  
of Georgia, P.C. Notice of Privacy Practices.

Print Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

On \_\_\_\_\_ at \_\_\_\_\_ Infectious Disease Services of Georgia, P.C. staff made a good faith attempt to obtain a written acknowledgement of receipt of Infectious Disease Services of Georgia, P.C. Notice of Privacy Practices, but acknowledgement could not be obtained because of the following reason:

*(check items that apply)*

\_\_\_\_\_ Patient refused to sign

\_\_\_\_\_ Communication barriers prevented obtaining a receipt

\_\_\_\_\_ An emergency prevented obtaining a receipt

\_\_\_\_\_ Other:

\_\_\_\_\_  
*(Describe)*

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_