
Alpharetta Family Medical Clinic
10800 Jones Bridge Road, Suite A, Alpharetta, GA 30022
Tel: (678) 867-0135, Fax: (678) 867-0137

Privacy Policy Acknowledgement Statement

I hereby acknowledge that I have been made aware that Alpharetta Family Medical Clinic has a privacy policy in place in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

As a patient of Alpharetta Family Medical Clinic, I understand and acknowledge the following:

1. Alpharetta Family Medical Clinic has a privacy policy in effect in their offices.
2. Alpharetta Family Medical Clinic has made this policy available to me for review, by placing a complete version in a binder that resides in the waiting room.
3. Alpharetta Family Medical Clinic has made me aware, that as a patient I am entitled to a copy of this Privacy Policy if I desire a copy for my personal file.

Upon your review of the above statements, please sign at the bottom acknowledging that you have been advised of the privacy policy implemented by Alpharetta Family Medical Clinic, and have read and understand the acknowledge form. If you desire a copy of the Privacy Policy, please request one at this time.

- No, I do not want a copy but I acknowledge the Privacy Policy exists.
- Yes, I do want a copy of the Privacy Policy.

Patient Name (please print)

Signature

Date