



**Georgia Pulmonary Group
Georgia Sleep Specialists**

Pulmonary Disease, Sleep Disorders & Critical Care Medicine

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770-237-2480

Acknowledgement of Receipt of Privacy Notice

I have been presented with a copy of Georgia Pulmonary Group's Notice of Privacy Policies, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice, and I request the following person or persons (limit of two names) to be able to discuss and retrieve my medical information in my absence.

Name

Relationship

Phone #

Further, I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulation pertaining to medical assignment of benefits apply.

Signed: _____ Date: _____

If not signed by patient, please indicate relationship to patient (e.g., spouse)

Relationship: _____ Witnessed by: _____

Internal Use only:

If patient or patient's representative refuses to sign acknowledgement of receipt of notice, please document the date and time the notice was presented to the patient and sign below.

Presented on (date and time): _____

By: _____