NORTH ATLANTA ENDOCRINOLOGY AND DIABETES, P.C.
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770-339-1387

ACKNOWLEDGEMENT FORM FOR PRIVACY NOTICE

I acknowledge that North Atlanta Endocrinology and Diabetes, P.C. has informed me of the Privacy Notice that is a requirement of the Health Insurance Portability and Accountability Act (HIPAA). I understand that this notice is posted in the office for me to fully review. I also understand that I may ask for a written copy of this notice for my own personal records.

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Signed by patient or legal guardian

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Print Name

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Date of Birth

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Date