

**ENT OF GEORGIA, LLC**  
**PRIVACY POLICY ACKNOWLEDGEMENT STATEMENT**

I hereby acknowledge that I have been made aware that ENT of Georgia LLC has a Privacy Policy in place in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

As a patient of ENT of Georgia, I understand and acknowledge the following:

1. ENT of Georgia has a privacy policy in effect in their offices.
2. ENT of Georgia has made this policy available to your for review, by placing a complete version in a binder that resides in the waiting room and/or by placing a poster version of this policy iii the waiting room or similar common area with patient access.
3. ENT of Georgia 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 sigh at the bottom acknowledging that you have been advised of the privacy policy implemented by ENT of Georgia, LLC and have read and understand the acknowledgment form. If you desire a copy of the Privacy Policy, please request one at this time.

\_\_\_\_\_ No, do not want a copy but I acknowledge the Privacy Policy exists

\_\_\_\_\_ Yes, I DO want a copy of the Privacy Policy,

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

Patient Name: \_\_\_\_\_