



Georgia Rehabilitation Specialists, LLC
P. O. Box 2331
Griffin, GA. 30224
Phone: (770) 467-4426 Fax: (770) 467-4427
Email: garehab@bellsouth.net

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Our Notice of Privacy Rights and Practices provides information about how we may use and disclose protected health information about you. As provided in our Privacy Notice, the terms of our Privacy Notice may change. If we change our Privacy Notice, you may obtain a revised copy by writing to the Privacy Officer.

You have the right to request that we restrict how protected health information may be used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you acknowledge receipt of a copy of our Privacy Notice.

_____	_____	_____
Print Name	Patient/Student Signature	Date
_____	_____	_____
Witness	Agent (relationship)	Date

Medical Record Number _____