



DEKALB SURGICAL ASSOCIATES, P.C.

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RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES

Our notice of Privacy Practices provides information about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by requesting one from our office or website, www.dekalbsurgical.com.

A copy of our “Notice of Privacy Practice” is posted on our wall in the waiting room, or you can ask the receptionist for your own printed copy.

By signing below, you acknowledge that you have read a copy of our Notice of Privacy Practice on the date indicated below.

Signature of Patient/Responsible Party: X _____

Print Patient Name: _____

Date: _____

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