

Stacy I. Anand, M.D.
Dale M. Bearman, M.D.
John W. Donnelly, M.D.
Susan S. Glander, M.D.
Heath R. Graham, M.D.
Arthur Gumer, M.D.
Carol B. Hess, C.N.P.
Robert J. Hirsch, M.D.
Erica P. Manogue, M.D.
Jeffrey A. Marcus, M.D.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY

I acknowledge that I have had the opportunity to review a copy of North Atlanta Women's Specialist, LLC (NAWS) Notice of Privacy Practices. I understand that I am responsible for reading this notice and notifying NAWS in writing of any request for restriction in the use or disclosure of my protected health information (PHI). I understand that NAWS has the right to revise this notice at anytime and will post a copy of the current notice in the office in a visible location at all times and on their website at www.awhg.org. NAWS will provide me with a copy of its most recent notice upon my request.

Patient Name (Please Print): _____

Date of Birth: _____

Patient Signature: _____

Which method of contacting you is preferred?

Phone: _____ E-mail: _____

Please note that both methods may be used to contact you.

Name(s)/Contact information of others authorized to discuss or receive my PHI:

Name(s):

Contact Information:

Northside
5780 Peachtree Dunwoody Rd.
Suite 195
Sandy Springs, GA 30342
(404) 256-4667
FAX (404) 250-1128

Johns Creek
11459 Johns Creek Pkwy.
Suite 200
Johns Creek, GA 30097
(770) 623-0910
FAX (770) 622-8144

Midtown
1800 Peachtree St. NW
Suite 455
Atlanta, GA 30309
(404) 419-4400
FAX (404) 419-4419

East Cobb
1121 Johnson Ferry Road
Suite 150
Marietta, GA 30068
(770) 977-1510
FAX (770) 509-8858