

PATIENT ACKNOWLEDGMENT AND CONSENT

I have been given a copy of *Gwinnett Clinic's* Notice of Privacy Practices, version effective April 14, 2003. I consent to the uses and disclosures of my health information as outlined in the Notice.

Signature of Patient or Representative

Date

Print Name of Patient

Print Name of Representative

Please describe the Representative's authority to act on behalf of Patient (initial one):

- The representative is the parent of the patient, who is a minor.
- The representative is the guardian of the patient, who has been adjudicated incompetent.
- The representative is acting under a Durable Power of Attorney for Health Care for the patient, and has presented a copy of this document to *Gwinnett Clinic* personnel.

FOR *Gwinnett Clinic* USE ONLY

If acknowledgment of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient's representative, please explain your efforts to obtain their acknowledgment and the reason you could not obtain it:

