NOTICE OF PRIVACY PRACTICES

QUESTIONS AND COMPLAINTS

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

MAXA INTERNAL MEDICINE ASSOCIATES, P.C.
ASHLEIGH MAXA
PRACTICE ADMINISTRATOR
3505 DULUTH PARK LANE
BUILDING 4, SUITE 400
DULUTH, GA 30096

If you think that we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

ACKNOWLEDGEMENT:

I acknowledge that I have received a copy of the Notice of Privacy Practices, and that I have been provided an opportunity to review it.

Name: _____
(PLEASE PRINT)

Signature: _____

Date: _____