

**Gwinnett Ob/Gyn Associates, P.C.
1700 Tree Lane Road, Ste. 290
Snellville, Georgia 30078
(770) 972-0330**

Receipt of Notice of Privacy Practices
Written Acknowledgement Form

I, _____, have received and/or reviewed a copy
of Gwinnett Ob/Gyn Associates, P.C.'s Notice of Privacy Practices.

Signature of Patient _____ Date _____

FILE ON TOP OF ALL CORRESPONDENCE
IN LAST SECTION OF PATIENT CHART