



**OB-GYN**  
A S S O C I A T E S

699 Church Street, Suite 300  
Marietta, GA 30060

**PATIENT ACKNOWLEDGEMENT OF  
NOTICE OF PRIVACY PRACTICES**

**As Required by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

A copy of the Notice of Privacy Practices of OB-GYN Associates of Marietta, LLC is posted in the lobby for my review. I am aware that I can obtain a copy of this Notice at any time.

I understand that if any changes are made to this Notice of Privacy Practices, a revised copy of the Notice will be posted in the main waiting room area of OB-GYN Associates of Marietta, LLC.

I also understand that if I have any questions with regard to this Notice of Privacy Practices, I may contact in writing the Practice Administrator at the following address:

OB-GYN Associates of Marietta, LLC  
699 Church Street, Suite 300  
Marietta, GA 30060  
770-425-7601 (Fax)  
pmclinden@ogamarietta.com (Email)

Signature of Patient \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_