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## **PRIVACY PRACTICES ACKNOWLEDGEMENT**

### ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices and have been presented an opportunity to ask questions:

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### **For Office Use Only**

On \_\_\_\_\_ at \_\_\_\_\_ North Atlanta Cardiology, P.C. staff made a good faith Attempt to obtain a written acknowledgement of receipt of our Notice of Privacy Practices, but Acknowledgement could not be obtained because of the following reason:

(check items that apply)

\_\_\_\_ Patient refused to sign

\_\_\_\_ Emergency prevented obtaining a receipt

\_\_\_\_ Other: \_\_\_\_\_  
(describe)