ALAN L. JOFFE, MD, F.A.C.O.G.
Diplomat, American Board of Obstetrics and Gynecology
NORTHSIDE OB/GYN, P.C.
Telephone: 404.256.2811
Facsimile 404.257.9855
993-C Johnson Ferry Road
Suite 120
Atlanta, GA 30342
3400-A Old Milton Parkway
Suite 200
Alpharetta, GA 30005

NOTICE OF PRIVACY PRACTICES

PURPOSE: This form, Notice of Privacy Practices, presents the information that federal law requires us to give our patients regarding our privacy practices.

We must provide this Notice to each patient beginning no later than the date of our first service delivery to the patient, including service delivered electronically, after April 14, 2003. We must make a good faith attempt to obtain written acknowledgment of receipt of this Notice from the patient. We must also have the Notice available in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read the Notice. Whenever the Notice is revised, we must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. We must also post the revised Notice in our office as discussed above.

I, _____, acknowledge receipt of the **above** Notice
PRINT RECIPIENT'S NAME

of Privacy Practices.

_____ _____
SIGNATURE ***DATE***