



Houston County Health Department

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ACKNOWLEDGEMENT OF OUR NOTICE OF PRIVACY PRACTICES

Our **Notice of Privacy Practices** provides about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy simply by asking or by requesting one in writing. One will be provided to you.

By signing below, you acknowledge that you have been informed that there is a Notice in our office and that you may acquire a written copy upon request.

Patient Name _____
Please Print

Patient/Responsible Party Signature: _____

Date: _____