



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

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**NORTH CENTRAL HEALTH DISTRICT
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I received a copy of the Notice of Privacy Practices for the North Central Health District, which sets forth the ways in which my personal health information may be used or disclosed by the North Central Health District or the county health department, and outlines my rights with respect to such information.

Patient's signature (or personal representative)

Date

If signed by someone other than the patient, please state relationship to patient: _____

This form will be retained in your medical record.

NCHD Form GC-09013B—Acknowledgement [2/20/2014]

Public Health for Middle Georgia

Serving Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington and Wilkinson Counties



We Protect Lives.