



**DERMATOLOGY  
ASSOCIATES  
of GEORGIA**

## Receipt of Notice of Privacy Practices

Our Notice of Privacy Practices provides information 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 by contacting the office.

By signing below, you acknowledge that you have received a copy of our Notice of Privacy Practices on the date indicated below.

**Patient Name** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient/Responsible Party Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Decatur**  
1951 Clairmont Road  
Decatur, GA 30033  
404-321-4600 • Fax 404-320-0987

**Johns Creek**  
4285 Johns Creek Parkway  
Suite A  
Suwanee, GA 30024  
770-622-4412 • Fax 770-622-4191

**DeKalb Medical Center**  
2665 North Decatur Road  
Suite 650  
Decatur, GA 30033  
404-508-0566 • Fax 404-508-0567

**Piedmont**  
2061 Peachtree Road NE  
Suite 400  
Atlanta, GA 30309  
404-554-0810 • Fax 404-554-0348

**Monroe**  
201 Michael Etchison Road  
Monroe, GA 30655  
770-267-5877 • Fax 770-207-4944