



**O. George Negrea M.D.
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HIPAA – Notice of Privacy Practices Acknowledgement

I have received a copy of the Low Country Cancer Care Associates P.C. (LCCC) Notice of Privacy Practices (NOPP). The NOPP informs the patient of the possible uses and disclosures of protected health information (PHI) and patient’s privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement.

If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your PHI for treatment, payment, and health care operations when necessary. I understand that LCCC has the right to change its NOPP from time to time and that I may contact LCCC at any time to obtain a current copy of the NOPP.

If you have concerns, suggestions, and/or complaints you may contact LCCC Privacy Officer at:

Lewis Cancer and Research Pavilion 225 Candler Drive, Suite 201 Savannah, Georgia 31405 or call (912) 692-2000

Patient Name (print): _____ **DOB:** _____

Signature of Patient/Legal Representative: _____

Relationship to Patient: _____

Date: _____

FOR OFFICE USE ONLY

Date: _____

I have attempted to obtain the patient’s signature on this form, but was not able to for:

The patient refused to sign ()

Due to an emergency situation it was impossible to obtain an acknowledgement ()

Was not able to communicate with the patient ()

Other: provide details:

Employee Signature: _____ **Office:** _____