

THE UROLOGY INSTITUTE & CONTINENCE CENTER
817 Smith Avenue
Thomasville, Georgia 31792
(229) 227-0086 Fax (229) 227-5929

Privacy Practices Acknowledgement

Acknowledgement Form

I have received the Notice of Privacy Practices and I have been provided the opportunity to review it.

Name _____ Birthdate _____

Signature _____

Date _____