

# SAVANNAH VASCULAR INSTITUTE

VASCULAR SPECIALISTS · THE ACCESS CENTER · THE VEIN CENTER



SAVANNAH VASCULAR INSTITUTE, LLC  
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SAVANNAH, GA 31404

## Acknowledgement of Receipt of Privacy Notice

I have received a copy of the Savannah Vascular Institute's Notice of Privacy Practices, which details how my personal health information may be used and disclosed as permitted under federal and state laws. I have read and understand the contents of the notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If not signed by the patient, please indicate the relationship to the patient of the person signing.

Relationship: \_\_\_\_\_ Witness: \_\_\_\_\_

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### Internal Use Only

If a patient or patient's representative refuses to sign acknowledgement of receipt of notice, please document the date and time the notice was presented to the patient and sign below.

Presented on (date and time): \_\_\_\_\_

By (name and title): \_\_\_\_\_