



ENT SURGICAL ASSOCIATES OF CENTRAL GEORGIA, PC
OTOLOGY 1719 RUSSELL PARKWAY FACIAL PLASTIC
RHINOLOGY McNEAL CNTR – BLDG 300 – STE 301 SURGERY
LARYNGOLOGY WARNER ROBINS, GA 31088 HEAD AND NECK
ALLERGY (478) 923-0106 ONCOLOGY

IDENTITY THEFT PREVENTION POLICY

Effective May 1, 2009, the staff of E.N.T. Surgical Associates of Central Georgia will be required under the Federal Trade Commission (FTC) to verify your identity. Upon time of patient registration/check-in for ALL appointments, you will be required to provide either a driver's license or other photo I.D. and current health insurance card(s). If the photo I.D. does not show your current address, please bring a utility bill to show proof of address. The parent or legal guardian of a minor patient (under the age of 18) should bring the above stated information.

E.N.T. Surgical Associates reserves the right to decline services if you fail to provide the necessary information. This is a requirement by the FTC to protect your identity. E.N.T. Surgical Associates is bound to protect ALL sensitive patient health information under the HIPAA security standards.

I hereby acknowledge that I have provided E.N.T. Surgical Associates with the correct proof of identification. By signing this form, I certify that I have read and fully understand this policy.

Date

Patient / Parent or Legal Guardian Signature

Date

Witness Signature