

APNNA
Arizona Pediatric Neurology & Neurogenetics Associates, PLLC

Notice of Privacy Practices for Health Information
Acknowledgement Form

Effective April 14, 2003, the law requires that APNNA give to a patient a copy of its Notice of Privacy Practices for Health Information. We will give you a copy at the time of first treatment and, if we change our notice, thereafter at the next treatment visit. By signing below, the patient acknowledges receipt of such, or if you are the patient's personal representative, or authorized agent, or involved in patient's medical care, you acknowledge receipt of such.

Patient Name: _____ Date of Birth: _____

Authorized Signature: _____ Date: _____

If not by patient, print name: _____

Relationship to Patient: _____

Signature of APNNA representative: _____

Printed Name: _____

Date: _____