



2084 E. Southern Ave. G-101
Tempe, AZ 85282
(480) 838-3437

3011 S. Lindsay Rd. #116
Gilbert, AZ 85296
(480) 813-8610

PATIENT

NAME: _____

PARENT OR LEGAL

GUARDIAN: _____

This privacy notice is effective as of the date of your signature. If you have any questions about the information in this Notice, please contact our office.

PATIENT ACKNOWLEDGEMENT

I hereby acknowledge that I have received and reviewed a copy of this Privacy Notice.

Patient **Date**

Parent/Legal Guardian **Date**

Witness **Date**