Sunrise Women's Healthcare
4540 East Baseline Road - Suite 114
Mesa, Arizona 85206

ACKNOWLEGEMENT OF RECEIPT OF

NOTICE OF PRIVACY PRACTICES

Patient Name _____ **Date of Birth** _____

I acknowledge that I have received a copy of The Practice's Notice of Privacy Practices.

_____

Signature of Patient or Representative **Date**

_____

Printed Name (if representative) **Relationship to Patient**

Please list the names and phone number of those individuals involved in your care or with whom you will allow us to share your health and treatment information:

_____

Name (printed) **Phone Number**

_____

Relationship **Second phone number**

_____

Name (printed **Phone Number**

_____

Relationship **Second phone number**

For office use only

Comments

_____

_____

_____

Signature **Date**

Phone: 480-497-2229 (BABY) | Fax: 480-699-5681 | E-mail: sunrisewomenshealthcare@gmail.com