

INTERNAL MEDICINE PHYSICIANS ASSOCIATES, P.C.
1515 N. 9th Street, Ste. A
Phoenix, AZ 85006

Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge, by signing below, that I have received the Notice of Privacy Practices of Internal Medicine Physicians Associates, P.C. the office of Frank Agnone, M.D., which explains its legal duties and privacy practices with respect to my protected health information.

Signature of the Patient/Legal Representative

Date

Print Name
to Patient

Relationship