

EAST VALLEY FAMILY MEDICAL

1343 N Alma School Rd. Chandler, AZ 85224 Phone: 480-963-1853 Fax: 480-963-1854

NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS & RESPONSIBILITIES ACKNOWLEDGEMENT RECEIPT

Name of Patient: _____

DOB: _____

Last four numbers of your Social Security: _____

I acknowledge that I have been given a copy of EAST VALLEY FAMILY MEDICAL'S

Notice of Privacy Practices and Patient Rights & responsibilities. I also know I can go to evfm.care and read the documents.

Signature of Patient (or Personal Representative/Guardian) Date

I acknowledge that I declined a copy of EAST VALLEY FAMILY MEDICAL'S Notice of Privacy Practices and Patient Rights & Responsibilities..

Signature of Patient (or Personal Representative/Guardian) Date