

**Practice: Arizona Allergy Associates**  
**Address: 705 S. Dobson Road, Chandler, AZ 85224**  
**Privacy Officer: Pam Paul, LPN**

**Telephone: 480-897-6992**

**Notice of Privacy Practices Receipt**

**I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page.**

Print Name of Patient: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Patient's ID/ Chart Number: \_\_\_\_\_

***For Personal Representative of the Patient (if applicable)***

Print Name of Personal Representative: \_\_\_\_\_

***Describe Personal Representative***

Relationship (Parent, guardian, etc.): \_\_\_\_\_

Signature of Personal Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**For Practice Use Only:**

\_\_\_\_\_  
Signature of Practice Employee

\_\_\_\_\_  
Date