Azalea Medical LLC

d/b/a Azalea Medical Center

**Privacy Practices**

Federal law requires us to make available the Notice of Privacy Practices to each patient. This information is available on our website [www.AzaleaMedical.com](http://www.AzaleaMedical.com). Please let us know if you would like a printed copy of this Notice.

Please list any persons that may be given access to my medical information other than yourself:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name Relationship

I acknowledge that a copy of the Notice of Privacy Practices was made available to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Patient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_*\_\_*

Signature Date