ARIZONA ONCOLOGY

United in Healing with The US Oncology Network

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Arizona Oncology is committed to protecting your privacy and ensuring that your health information is disclosed appropriately. This Notice of Privacy Practices identifies all potential uses and disclosures of your health information by our practice and outlines your rights with regard to your health information. Please sign the form below to acknowledge that you have received our Notice of Privacy Practices.

I acknowledge that I have received a copy of the Notice of Privacy Practices of Arizona Oncology.

Patient or Personal Representative (Please Print):_____

Patient or Personal Representative (Signature):_____

Date: _____

For Office Use Only:

Reason acknowledgement was not obtained: _____

_____

_____

PHYSICIAN: _____ EMPLOYEE INITIALS

MRN: _____ LOC: _____ _____

Original - Medical Record Copy - Patient or Personal Representative