HIPAA –PRIVACY PRACTICES

IM SPECIALIST, INC.

Rashda Kaif, M.D
Fizzah Sheikh, PA-C

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PATIENT NAME

I acknowledge that I have asked for a copy and/or have had an opportunity to review a copy of IM Specialist notice of HIPAA -Privacy Practices upon my request

I permit that the following persons may be contacted with regards to my health information.

NAME	RELATIONSHIP TO PATIENT	PHONE

(You must list your spouse and/or children's name separately – if they are not listed, we will not be able to authorize any information regarding your health, appointments and specialist information etc.)

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Signature of patient or responsible party **Date**

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Printed name if signed on behalf of the patient **Relationship**

2737 West Baseline Road, Suite 24, Tempe, Arizona 85283, Tel (602)437-4800