



EXTENDED ARM PHYSICIANS, INC

Doctors of Internal Medicine – Board Certified

Leon N Davis, MD

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PATIENT ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

I have received a copy of the Notice of Privacy Practices of EXTENDED ARM PHYSICIANS, INC on the date indicated below.

I understand that if any changes are made to this Notice of Privacy Practices, a revised copy of the Notice will be posted in the offices of EXTENDED ARM PHYSICIANS, INC.

I also understand that if I wish to receive additional copies of this Notice of Privacy Practices in the future or if I have any questions with regard to this Notice of Privacy Practices, I may contact:

Compliance Officer
EXTENDED ARM PHYSICIANS, INC
1725 W Fourth Street
Montgomery AL 36106
Ph: 334-262-2071

Signature of Patient

PRINT NAME: _____

DATE: _____