

**Southwest Family Practice**

6924 Geyer Springs Rd.

Little Rock, AR 72209

Ph: 501-562-1463

Fax: 501-313-4843

**NOTICE OF PRIVACY PRACTICES**

I HAVE READ AND I CLEARLY UNDERSTAND THE NOTICE OF PRIVACY PRACTICES AT THIS OFFICE. I AGREE WITH THE NOTICE AND UNDERSTAND THAT THE COPY OF PRIVACY PRACTICES IS MAINTAINED AT THIS OFFICE AND I CAN ASK FOR A COPY AT ANY TIME.

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DATE: \_\_\_\_\_