

Notice of Privacy Practices

Drs. Choslovsky, Wroblewski, & Karupaiah
65 North 14th Street San Jose, CA 95112
Phone (408) 279-1400 Facsimile (408) 279-3216

I, _____, acknowledge being given the
Patient Name

Notice of Privacy Practices to read, and have been offered a copy of the documentation for my records.

Patient Signature

Date

I hereby authorize the physicians and/or staff of Drs. Choslovsky, Wroblewski, and Karupaiah to release information regarding my medical care, treatment, and/or appointments to the following individuals as needed:

Name

Telephone Number

Name

Telephone Number

Name

Telephone Number

Name

Telephone Number

Patient Signature

Date