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Notice of Privacy Practices

Notice of Privacy Practices Written Agreement:

I have read a copy of Arogya Rheumatology’s Notice of Privacy Practices. I understand a written copy will be provided to me at any time upon my request. I understand Arogya Rheumatology PLLC has a link to the Notice of Privacy Practices on the practice website located at arogyarheumatology.com/forms/

Name (please print): _____ **Date:** _____

Signature of Responsible Party (Guarantor) _____

Relationship to Patient(s) (please check): ___ Self ___ Other: _____