



Receipt of Notice of Privacy Practices

Written Acknowledgement Form

I have reviewed or received a copy of Arizona Hearing Specialists, LLC's Notice of Privacy Practices.

NAME : _____

SIGNATURE: _____

DATE: _____

7574 N. La Cholla Blvd
Tucson, AZ 85741
(520) 742-2845

6969 E. Sunrise Dr.
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(520) 648-3277