8300 Carmel Ave NE Bldg. 5
Albuquerque, NM 87122
(505) 633-4141

Receipt of New Mexico Pain Associates Notice of Privacy Practices

By signing this document, I acknowledge that I have been provided with a copy of the privacy notice for our practice.

_____	_____	_____
Patient Name	Signature	Date

Or

_____	_____	_____
Patient Representative	Signature	Date

Patient Date of Birth: _____

Received By: _____

Date: _____

Reason acknowledgement was not received: