Notice of Privacy Practices

Sudha Karupaiah, M.D.
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San Jose, CA 95112
Phone (408) 279-1400
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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 Dr. 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