

Marianne Zakarian, M.D.  
2536 N. Stokesberry Place  
Meridian, Idaho 83642  
(208) 855-0880

Date \_\_\_\_\_

MY SIGNATURE ACKNOWLEDGES I HAVE BEEN INFORMED OF THE  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

PRINT NAME \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_

\_\_\_\_ YES, I DO WISH TO OBTAIN A COPY OF THE PRIVACY POLICY

\_\_\_\_ NO, I DO NOT WISH TO OBTAIN A COPY OF THE PRIVACY POLICY