

ADDRESS OF RECORD – PUBLIC DISCLOSURE

Pursuant to A.R.S. § 32-3226

You are required to have an address of record on file with the Board. The address of record is typically the primary practice location, and available for public disclosure.

If you do not have an office location, your residence is your address of record and available for public disclosure. If you do not wish to have your **home address** available to the public, you may choose to Opt-Out of the address disclosure. You may choose to opt out by checking the box below.

I am choosing to Opt-Out of public address disclosure.

I understand it is my responsibility to inform the Board of any change in status.

Pursuant to A.R.S. § 32-1507. Change in status; assessment of costs

A. Each person who holds a license or certificate pursuant to this chapter shall inform the board in writing, within thirty days, of any change in status of that person's initial application including any change of name, residence, practice address and telephone number and of each subsequent change of status. A licensee's or a certificate holder's residential address and residential telephone number or numbers are not available to the public unless they are the only address and numbers of record.

B. The board may assess the costs incurred by the board in locating a person who is licensed or certified pursuant to this chapter to that person. C. The board shall deposit, pursuant to sections 35-146 and 35-147, monies collected pursuant to this section in the naturopathic physicians medical board fund.

Required

As a licensed medical professional, you are required to maintain patient records. Statute requires you to provide a **phone number** or **email address** for public disclosure in the event a patient seeking medical records contacts the Board.

I choose the following **phone number** or **email address** for **public disclosure** to patients who contact the Board seeking medical records.

Statute requires the Board to designate associations that may receive your address of record. This will include a residential address if you have chosen one, and include disclosure even in the event you have opted out.

You may submit this form with your application for medical license
Or email this form directly to the Board at Info@nd.az.gov