



“Our mission is to provide exceptional health care services with compassion and promptness.”

Acknowledgement of Notice of Privacy Practices

Patient’s signature acknowledging receipt of the practice’s “Notice of Privacy Practices.”

Patient Name: _____

Patient’s Date of Birth: _____

Signature: _____

Date: _____

All mail must be sent to South Alamo Medical Group, PO Box 240490, San Antonio, TX 78224

Centralized Office Phone # 210-222-0333

Centralized Fax # 210-928-4837

Downtown

740 South Alamo
210-222-0333
Fax 210-928-4837

Pediatrics

7355 Barlite, Ste 201
210-222-0333
Fax 210-928-4837

Southside

7355 Barlite, Ste 301
210-222-0333
Fax 210-928-4837

Southeast

4203 E. Southcross
210-222-0333
Fax 210-928-4837

Northwest *NEW

9215 Westover Hills Blvd
210-222-0333
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