

EDWARD C. SUN, MD
BOARD CERTIFIED ORTHOPAEDIC SURGEON
ADULT AND PEDIATRIC SPINE SURGERY

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ADDITIONAL LOCATIONS:
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HIPAA DISCLOSURE FORM

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have been offered the opportunity to read this medical practice's Notice of Privacy Practices. This notice provides information about how Dr. Edward Sun's medical practice may use or disclose my private and protected health information.

Signature of patient or legal representative

Date

If other than patient, indicate relationship

Dr. Edward Sun's medical practice has made a good faith effort to obtain the above acknowledgement. At this time the following circumstances exist:

Patient refused to sign

The patient is not able to sign and there is no legal representative available

Signature of employee

Date