



Sunny Park MD – Privacy Officer

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I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at:

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Signature

Date



Month Day Year

Name

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First Name Last Name

Area Code Phone Number

If not signed by the patient, please indicate relationship:

Parent or Guardian of minor patient
Guardian or conservator of incompetent patient

Name & Address of Patient