

# ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

To Our Patients:

You have the right to review our notice before signing this acknowledgement form. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting our office at: (650) 513-6651.

I hereby acknowledge that I received a copy of our Notice of Privacy Practices.

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Print Full Name

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Signature

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Date

(If not signed by the patient, please indicate relationship):

- Parent
- Guardian or Conservator
- Personal Representative

Hoyman Hong M.D.

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