

**Tony M Hsu, M.D. Inc**

**Privacy Officer: Tony M Hsu, M.D.**

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.

Signed: \_\_\_\_\_

Date:

Print Name: \_\_\_\_\_

If not signed by the patient, please indicate relationship:

" parent or guardian of minor patient

" guardian or conservator of an incompetent patient