



Yo San University Clinic

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Notice of Privacy Practices Patient Acknowledgement

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice.

I acknowledge that I have received a copy of Yo San University Clinic's Notice of Privacy Practice.

Name: _____
(Please print)

Signature: _____

Date: _____

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign
- The patient was unable to sign
- Other (Please provide specific details)

Name of Employee: _____

Date: _____