



CARDIOLOGY

Henry Gong MD FACC

FAMILY PRACTICE

Siamak Elyasi MD

INTERNAL MEDICINE

PULMONARY
Gerald Del Rio MD
Hsien-Wen Hsu MD

INTERNAL MEDICINE

Wengang Zhang MD

ENDOCRINOLOGY

Ammar Qoubaitary, M.D.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We are committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. The Notice of Privacy Practices identifies all the potential uses and disclosures of your health information by our practice and outlines your rights with regard to your health information. Please sign this form below to acknowledge that you have received our Notice of Privacy Practices.

I acknowledge that I have received a copy of the Notice of Privacy Practices.

Name: _____ Signature _____
Printed

Name of Personal Representative: _____ Signature _____

Date: _____

My doctor (s) in Springhill Medical Group, have my permission to discuss my health care information with the family members or other persons listed below:

Name:	Phone number:
_____	_____
_____	_____
_____	_____
_____	_____