

THE TRUONG NEUROSCIENCE INSTITUTE

D.B.A THE PARKINSONS & MOVEMENT DISORDER MEDICAL GROUP

Daniel Truong, M.D. Mayank Pathak, M.D. Nguyen Thong, M.D. Christina MyChi Nguyen, M.D.

Specializing In: Parkinsonism Myoclonus Chorea Tourette Syndrome Spasmodic Torticollis
Blepharospasm Tardive Dyskinesia Tremors Dystonia Restless Leg Syndrome Spasmodic Dysphonia

***PATIENT ACKNOWLEDGEMENT OF
RECEIPT OF NOTICE OF PRIVACY PRACTICES***

Date: _____

You have the right to refuse to sign this Acknowledgement

I _____, have

(Signature of Patient)

*Received a copy of this office's **NOTICE OF PRIVACY PRACTICES** as required
by federal law.*

Print Patient's name: _____

Patient's signature: _____

FOR OFFICE USE ONLY

*On the date above we made a "good faith effort" to obtain written acknowledgement
of receipt of our NOTICE OF PRIVACY PRACTICES. We were unable to obtain
acknowledgement for the following reason:*

- Patient refused to sign*
- Other*

(possible reasons: Language difficulty, communication barriers, dental emergency)

(Printed name)

(signature of employee attempting to gain acknowledgment)

Office: 9940 Talbert Ave., # 204 Fountain Valley, CA 92708 (714) 378-5062 FAX: (714) 378-5061
 3745 Long Beach Blvd. # 100 Long Beach, CA 90807 (714) 378-5062 FAX: (714) 378-5061
Research Lab: 2801 Atlantic Ave, P.O Box 1428 Long Beach, CA 90801 (310) 427-1834 FAX: (562) 989-5997