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L.A. VASCULAR & ENDOVASCULAR SURGERY
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Acknowledgement of Receipt of Privacy Notice

Our practice has the right to modify the privacy practices outlined in this notice.

I have been presented with a copy of Notice of Privacy Policies for the medical practice of L.A. Vascular and Endovascular Surgery (Sasan Najibi, M.D.), detailing how my information may be used and disclosed as permitted under federal and state law.

_____	_____	_____
Name of Patient (Please Print)	Signature of Patient	Date
_____	_____	_____
Signature of Patient Representative (if patient is a minor or an adult unable to sign form)	Relationship of Representative to Patient	Date

Authorization to Release Information

To: _____

This will authorize you to prepare medical reports and/or permit the bearer to review, inspect, copy, and/or photocopy; any or all of the following in your possession or control:

- Radiographic & Imaging films and reports
- Medical reports, records, charts, and notes.

Photostatic copies of this authorization will be considered as valid as the original signature.

_____	_____
Date	Patient or Representative's Signature