

LAUREN CIEL SWERDLOFF MD INCORPORATED

1821 WILSHIRE BLVD. SUITE # 220
SANTA MONICA, CA 90403
(310) 829-5189
FAX: (310) 829-5942

NOTICE TO CONSUMERS

Medical doctors are licensed and regulated by the
Medical board of California
(800) 633-2322

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received a copy of Lauren Swerdloff, MD DITI Functional Imaging Notice of Privacy Practices.

Signature of patient or patient's representative

Date

Printed name of patient/patient's representative

Date

☐ Patient

Authorized Representative:

- ☐ Spouse
- ☐ Parent of a minor child
- ☐ Court appointed Conservator/legal guardian
- ☐ Registered Domestic Partner
- ☐ Durable Power of Attorney for Healthcare Agent

For LAUREN SWERDLOFF, MD INCORPORATED USE ONLY

If an acknowledgment for the receipt of the notice of privacy practices is not obtained, please complete the following:

Date of attempt to obtain Acknowledgment: _____

Reason Acknowledgment was not obtained:

- ☐ Patient/family received notice but refused to sign acknowledgement
- ☐ Emergency treatment situation
- ☐ Patient was incapacitated and no family member was present
- ☐ Unable to communicate due to language barriers
- ☐ Other (please describe) _____

Signature of LSMD INC. Employee

Date