

**EDWARD C. SUN, MD**  
**BOARD CERTIFIED ORTHOPAEDIC SURGEON**  
**ADULT AND PEDIATRIC SPINE SURGERY**

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359 N. SAN MATEO DRIVE, #1  
SAN MATEO, CA 94401  
TEL: (650) 685-7100  
FAX: (650) 685-7109

**ADDITIONAL LOCATION:**  
1500 Southgate Ave, #207  
Daly City, CA 94015

**HIPAA DISCLOSURE FORM**

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

I hereby acknowledge that I have been offered the opportunity to read this medical practice's Notice of Privacy Practices. This notice provides information about how Dr. Edward Sun's medical practice may use or disclose my private and protected health information.

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Signature of patient or legal representative

\_\_\_\_\_

Date

\_\_\_\_\_

If other than patient, indicate relationship

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Dr. Edward Sun's medical practice has made a good faith effort to obtain the above acknowledgement. At this time the following circumstances exist:

Patient refused to sign

The patient is not able to sign and there is no legal representative available

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Signature of employee

\_\_\_\_\_

Date