

**LAUREN CIELSWERDLOFF MD INCORPORATED**

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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

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**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