



**Notice of Privacy Practices and**  
**CCR 1355.4 Compliance**

Consent Form

By my signature below, I acknowledge that I have been given the opportunity to review the Notice of Privacy Practices for Simonian Sports Medicine Clinic. I also understand that Medical doctors are licensed and regulated by the Medical Board of California. The Medical Board may be reached by phone at (800) 633-2322 or email at [www.mbc.ca.gov](http://www.mbc.ca.gov).

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority