



*Ablation, Lead Extraction, P.M.,  
TCD, CRT*

*James Ong, MD, FACC, FAHA  
Carlos M. Alves, MD, FACC*

---

**Acknowledgement of Receipt of Notice of Privacy Practices  
Valley Regional Arrhythmia Center, Inc.  
18411 Clark Street, Suite 203  
Tarzana, CA 91356**

Date:  
Name:

I hereby acknowledge that I have received a copy of *Notice of Privacy Practices* from this office.  
I further acknowledge that a copy of the current notice is posted in the reception area.

NOTICE TO CONSUMERS: Medical doctors are licensed and regulated by the Medical Board of California (800) 633-2322 [www.mbc.ca.gov](http://www.mbc.ca.gov).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name : \_\_\_\_\_

If not signed by patient, please indicate relationship:

Parent or guardian of minor

Conservator or guardian of an incapacitated patient