

Jong Oh, DDS
Acknowledgement of Receipt of Notice of Privacy Practices
You may refuse to sign this acknowledgement

I, _____
have read and received a copy of the Notice of Privacy Practice
at Jong Oh, DDS.

Please print patient's name

Date

Signature of Patient or Guardian (if patient under 18)

For office use only

We attempted to obtain written acknowledgement of receipt of our
Notice of Privacy Practices, but acknowledgement was not obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the
acknowledgement

_____ An emergency situation prevented us from obtaining
Acknowledgement

_____ Other (please specify)

