

# Tyler Kim DDS & Tat Chiang DMD

*Diplomate of American Board of Periodontology*

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## Acknowledgement of Receipt

### Acknowledgement of Receipt of Notice of Privacy Practices (You May Refuse to Sign This Acknowledgement)

I have been informed of this office's Notice of Privacy Practices.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Acknowledgement of Financial & Insurance Policy

I have been informed of this office's Financial and Insurance Policy.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Acknowledgement of Receipt of Cancellation/Missed Appointment Policy

I have been informed of this office's Cancellation/Missed Appointment Policy.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

#### FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify) \_\_\_\_\_