



- DR JON -

JONATHAN VONGSCHANPHEN, DDS

Acknowledgment of Receipt of Notice of Privacy Practices

****You May Refuse to Sign this Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please 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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An Emergency situation prevented us from obtaining acknowledgment
- Other _____

Receipt of Documents

I have received a copy of the following:

- Dental Materials Fact Sheet (required by law and available on our website)
- Notice of Privacy Practices (required by law and available on our website)
- Appointment notice
- Financial agreement & Assignment of Benefits form

Signature: _____ Date: _____