



ACKNOWLEDGEMENT

Receipt of Notice of Privacy Practices
NeeOo W. Chin, MD

By signing below, I acknowledge that I have reviewed that Notice of Privacy Practices from NeeOo W. Chin, MD/The Fertility Wellness Institute of Ohio.

Patient Signature

Date

Witness Signature

Date

Documentation of Failure to Obtain Signed Acknowledgement

On _____, 20____, _____ presented the **Acknowledgement of Receipt of Notice of Privacy Practices Form** to

Patient Name

The patient refused to provide a signature when requested.