

**Acknowledgement
Receipt of Notice of Privacy Practices
Dr. NeeOo W. Chin, M.D.**

By signing below, I acknowledge that I have received the *Notice of Privacy Practices* from **Dr. NeeOo W. Chin/The Fertility Wellness Institute of Ohio**.

WITNESSES:

Patient Signature

Date

Witness Signature

Date

Documentation of Failure to Obtain Signed Acknowledgement

On _____, 200_ _____ presented

the Acknowledgement of Receipt of Notice of Privacy Practices Form to :

_____, The patient refused to provide a

signature when requested.