

Rodney Z. Wong, M.D., Inc.
Acknowledgements of Receipt

Notice of Privacy Practices

Our “Notice of Privacy Practices” provides information about how Rodney Z. Wong, M.D., Inc. may use and disclose your protected health information. We encourage you to read it in full. If you have any questions about our “Notice of Privacy Practices”, you are welcome to contact the office.

Notice of Office Payment Policy

Our “Office Payment Policy” provides information about our office’s billing and payment policies, including fees for non-payment. These policies may be changed or amended. You can obtain a copy of the revised notice by calling the office at 650-967-7249, or by visiting our website, www.rodneywongmd.com.

Notice of General Policies and Procedures

Our “General Office Policies and Procedures” provides information about our office policies and procedures, including Cancelling and Re-scheduling Appointments; Missed Appointment Fees; Copy of Records; Filling Out Forms; and Fees. These policies may be changed or amended.

By signing this form, I acknowledge:

- Receipt of the “Notice of Privacy Practices” for Rodney Z. Wong, M.D., Inc.;
- Receipt of the “Notice of Policies and Procedures: Office Payment Policy” for Rodney Z. Wong, M.D., Inc.;
- Receipt of the “Notice of Policies and Procedures: General Office Policies and Procedures” for Rodney Z. Wong, M.D., Inc.;
- That each policy may be changed or amended at any time;
- And, that I can obtain a copy of any of these notices by calling the office at 650-967-7249, or by visiting the website, www.rodneywongmd.com.

Patient Name or Legal Representative (please print) : _____

Signature: _____ Date: _____

If signed by someone other than patient, indicate relationship: _____