



Latham Periodontics

Practice Limited to Periodontics, Implants & Endodontics

HIPAA - Consent Form for Patients

Dr. Jay Choi, DMD

Dr. Jeff Koa, DMD

Acknowledgement of Receipt Notice of Privacy Policies

Acknowledgement and Consent

By signing below, I hereby acknowledge that (if requested) I have been provided with a copy of this office's Notice of Privacy Practices and have therefore been advised of how my protected health information may be used and disclosed by this office. I have also been advised of how I may obtain access to and control this information. In addition, by signing below, hereby consent to the use and disclosure of my health information for treatment purposes, payment activities and healthcare operations of the office as described in the notice.

Sincerely,

Dr. Choi, DMD

Dr. Jeff Koa, DMD

Name or personal representative: _____

Signature: _____ Date: _____