C. Tobenna Okezie, M.D.
351 Evelyn St. 3rd Fl.
Paramus, NJ 07652
P (201) 265-3111
F (201) 265-3117

PRIVACY PRACTICES ACKNOWLEDGEMENT

I acknowledge that I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

____ ____/____/____
Signature of Patient or Patient's Representative Date

____________________________________ ____/____/____
Print Name Birthdate

____
Relationship to Patient

____

If written acknowledgement is not obtained, please check reason:

___ Notice of Privacy Practices Given – Patient Unable to Sign

___ Notice of Privacy Practices Given – Patient Declined to Sign

___ Other ____