

Kenyu Takamoto DDS, MSD  
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**ACKNOWLEDGEMENT OF RECEIPT OF  
STATEMENT OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of the Statement of Privacy Practices for the office of Kenyu Takamoto DDS, MSD. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the facility.

Kenyu Takamoto, DDS reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed to me.

**ADDITIONAL DISCLOSURE AUTHORITY**

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below:

- YES  NO : ANY MEMBER OF MY IMMEDIATE FAMILY
- YES  NO : SPOUSE ONLY
- YES  NO : OTHER (PLEASE SPECIFY) \_\_\_\_\_

**Name of Patient** (please PRINT) \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature of Patient** (if 18 years old or older) \_\_\_\_\_

Patient's personal representative (Please Print): \_\_\_\_\_  
Patient's personal representative Signature: \_\_\_\_\_  
Patient's personal representative's Telephone number: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY BELOW THIS LINE**

PROVIDED ACKNOWLEDGEMENT PRIOR TO TREATMENT  YES/  NO Date: \_\_\_\_\_  
**REASON FOR NOT OBTAINING ACKNOWLEDGEMENT**  
 NEEDED MORE TIME TO REVIEW STATEMENT OF PRIVACY PRACTICES  
 WANTED TO CONSULT WITH ANOTHER PERSON BEFORE SIGNING  
 PHYSICALLY UNABLE TO SIGN  
 NO REASON OFFERED  
 OTHER \_\_\_\_\_