

James B. Lee, D.D.S.

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ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES

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\*You may refuse to sign this acknowledgement\*

I have received a copy of this office's Notice of Privacy Practices

Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

Name (Signed): \_\_\_\_\_

----- FOR OFFICE USE ONLY -----

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other

If other please specify: \_\_\_\_\_

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