James B. Lee, D.D.S.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

have received a copy of this office's Notice of Privacy Practices Name (Printed):	Tou may refuse to sign this acknowledgement
Name (Signed): FOR OFFICE USE ONLY Ve 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	· · · · · · · · · · · · · · · · · · ·
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