

Daniel B. Lee, DDS
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Privacy Policy and Information Practices Patient Rights Statement
Patient Acknowledgement of Receipt

I, _____, have received a copy of the above
Please print name
Named offices' Privacy Policy and Information Practices.

Signature

Date

WE ATTEMPTED TO OBTAIN WRITTEN ACKNOWLEDGEMENT OF RECEIPT
OF OUR PATIENT RIGHTS NOTICE REGARDING OUR OFFICE PRIVACY
POLICY AND INFORMATION PRACTICES. ACKNOWLEDGEMENT WAS NOT
OBTAINED BECAUSE:

_____ INDIVIDUAL REFUSED TO SIGN

_____ COMMUNICATION BARRIERS PROHIBITED
SIGNATURE

_____ THERE WAS AN EMERGENCY SITUATION THAT
PREVENTED A SIGNATURE

_____ MINOR PATIENT NOT ACCOMPANIED BY AN ADULT

_____ STAFF SIGNATURE