

DAVID A. LESTER, D.D.S., P.C.

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGMENT FORM**

I, _____, have received a copy of David A. Lester, D.D.S., P.C.'s Notice of Privacy Practices.

(Signature of patient or legal guardian)

(Printed patient or guardian name)

Date: _____, 20__

Internal Purposes Only

FOR INTERNAL PURPOSES 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 prevents us from obtaining acknowledgment
- Other (please specify): _____

