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**PATIENT ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF  
PRIVACY PRACTICES**

DATE: \_\_\_\_\_

**You have the right to refuse to sign this Acknowledgment**

I, \_\_\_\_\_ have received a copy of this office's  
(Patient Name)

NOTICE OF PRIVACY PRACTICES as required by federal law.

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Patient's Signature

**FOR OFFICE USE ONLY**

On the date above we made a "good faith effort" to obtain written acknowledgment of receipt of our NOTICE OF PRIVACY PRACTICES. We were unable to obtain acknowledgment for the following reason:

\_\_\_\_\_ Patient refuses to sign

\_\_\_\_\_ other \_\_\_\_\_  
(please explain)

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

\_\_\_\_\_  
(Signature of Employee attempting to obtain acknowledgment)