

Sherman Oaks Smile Center

James Lin DDS

15030 Ventura Blvd Unit #9

Sherman Oaks CA 91403

818-849-5195

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have read the Notice of Privacy Act from Sherman Oaks Smile Center.

_____ (Print Name)

_____ (Date)

_____ (Signature)

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

