

Acknowledgement of Notice of Privacy Practices

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), we are notifying you of our most updated "Notice of Privacy Practices" which explains how our office may use Protected Health Information about you or a patient for whom you are responsible for. This means we may send information including demographic or billing information that may individually identify you or the patient and that relates to past, present, or future health conditions and related health care services and payment for the purpose of treatment and billing. Our complete privacy practice policy is on display in our reception area. We appreciate your time in completing this document.

I, _____ the parent /legal guardian
(Please Circle)

of _____
(Please List All Children)

acknowledge that I have reviewed a copy of the "Notice of Privacy Practices" from Dr. Jonathon Everett Lee, D.D.S., Inc. and Dr. Brian D. Lee, D.D.S., M.S.D., Inc. I further acknowledge that a copy of the current notice is posted in the reception area.

Signature _____ Date _____

FOR OFFICE USE ONLY Account #: _____