

**DAVID A. LESTER, DDS, PC**

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**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

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**\*You May Refuse to Sign This Acknowledgment\***

I, \_\_\_\_\_, have received a copy of this office's  
(Please print full name)  
Notice of Privacy Practices.

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**Signature**

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**Date**

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**For Office Use Only**

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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)

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