

# Lighthouse Family Dental

Dr. Matthew Huang, DDS

I \_\_\_\_\_ acknowledge that I have received a copy of and reviewed the office's Notice of Privacy Practices.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but was not able to due to the following reason:

- Individual refused to sign
- Communications barriers
- An emergency situation prevented us

---

Other

---