



Terrence Y. Lau, DDS
121 N. San Mateo Drive
San Mateo, CA 94401
650-342-1512

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

PATIENT INFORMATION

Name: _____ Telephone: _____

Address: _____

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Signature: _____ Date: _____

If a personal representative, on behalf of the patient, signs this acknowledgment, complete the following:

Personal Representative's Name: _____

Relationship to the Patient: _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify): _____



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