

Dayton Q.L. Lum, D.D.S  
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(808) 456-5005

**Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_ have received a copy of this dental office's Notice of Privacy Practices.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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 Private Practices, but acknowledgement could not be obtained because:

- Individual refused to sign.
- Communication barrier prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining the acknowledgement.
- Other (Please specify.

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Dental Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_