



Beverly Hills Dental
Dr. Raphael C. Lewis D.D.S.

Patient Notice of Privacy Practices

I, _____, acknowledge that I have received a copy of this
(Please print)

Office's Notice of Privacy Practices and have reviewed it. I understand that the Notice of Privacy Practices explains:

- This office's procedures for handling my health information.
- My rights as a patient to my private health information.
- Our offices responsibility when handling my private health information.

I understand that if I have any questions or concerns, I have the right to contact this office. If you do not wish to contact this office for your questions or concerns, you may contact the U.S. Department of Health and Human Services. For further information on contacting the U.S. department of Health and Human Services department, you may contact our office.

Signature of patient: _____ **Date:** _____

OR

Parent/Guardian signature

Name of Parent/Guardian: _____
(Please Print)

Signature of Parent/Guardian: _____ Date: _____

Relationship to patient: _____

For Office Use Only

Patient Name: _____

Despite our effort to receive a signature from this patient in regards to our Patient Notice of Privacy Practices, we could not due to:

- Patient refusal of signature
- There was an issue communicating with the patient, prohibiting us from receiving a signature.
- There was an emergency situation, prohibiting us from receiving a signature.
- Other: _____

Attempt of signature was made by: _____ Date: _____