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## **PRIVACY POLICY ACKNOWLEDGEMENT**

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### **ACKNOWLEDGMENT 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 notice of privacy practices.

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

\_\_\_\_\_  
Signature of Patient/ Responsible Party

\_\_\_\_\_  
Date

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### **For Office Use Only**

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**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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