

ACKNOWLEDGMENT OF RECEIPT

By signing this form, I acknowledge that I have received a copy of the following information as required by law, and have indicated my privacy choices. Please notify us of any changes.

- DENTAL MATERIALS FACT SHEET
- TREATMENT INFORMATION AND FACTS
- NOTICE OF PRIVACY PRACTICES

You may leave messages on my voicemail/answering machine at home. YES NO

You may send email communications to your personal email address? YES NO

May leave appointment messages with a secretary or receptionist? YES NO

May we leave messages/discuss your appointments/treatment with your spouse? YES NO N/A

If you are above 18 and living with other family members, may we leave messages or discuss your case with them? N/A

Messages YES NO

Person(s) authorized to receive messages: _____

Discuss case YES NO

Person(s) authorized to discuss case: _____

SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OR LEGAL GUARDIAN)

DATE

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices and Dental Materials Fact Sheet, but said acknowledgement could not be obtained for the following reason:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other: _____

SIGNATURE

DATE



