

Acknowledgement of receipt of the dental materials fact sheet

And

Acknowledgement of receipt of HIPPA police and procedures

(Ask for a full copy)

I have received and reviews a copy of our dental practice privacy, security and breach notification policies and procedures.

I understand that I should ask our dental practice's privacy official if I have any questions about these policies and procedures.

Patient/Guardian Print Name: _____

Patient/Guardian Signature: _____ Date: _____

Witness Print Name: _____

Witness Signature: _____ Date: _____

Please List names and contact information of whom we may discuss your treatment with:
