

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

&

Dental Materials Fact Sheet Acknowledgement

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*** You May Refuse to Sign This Acknowledgement***

- I have received or requested an email copy of this office's Notice of Privacy Practices.

(Email address if email copy requested _____)

- I understand that my treatment plan may require multiple Doctors, Dentists and Specialists and that my dental health, medical health and insurance information may be shared with them in order to provide accurate and safe treatment.

With whom may we share your dental health, treatments and concerns with?

- I prefer not to share my dental health with my spouse / partner / other relative
- Please share with person(s) listed below

Name _____ Relationship _____

Dental Materials Fact Sheet

- I have received or requested an email copy of this office's Dental Materials Fact Sheet.

Please Print Name _____

Signature _____ Date _____

For Office Use Only

Individual refused to sign Communications barriers prohibited obtaining acknowledgment An emergency situation prevented us from obtaining acknowledgement Other (Please Specify):

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