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## Acknowledgement of Receipt of Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 requires that health care providers give patients a copy of the Notice of Privacy Practices and make a good faith effort to obtain an acknowledgement of receipt of the same. **You may refuse to sign this acknowledgement form.**

By signing this form I confirm that I have received a copy of the office Notice of Privacy Practices.

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_

Date \_\_\_\_\_

\* \* \* \* \*

## Patient Acknowledgement of Receipt of Dental Materials Fact Sheet

I, \_\_\_\_\_, acknowledge that I have received a copy of the Dental Material Fact Sheet

Patient signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\*\* Please make sure that you have signed both of the above forms, Thank you**

### OFFICE USE ONLY

Written acknowledgement was not obtained.

\_\_\_\_ Patient refused to sign                      \_\_\_\_ Emergency situation

\_\_\_\_ Unable to communicate with patient

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_