

## **ACKNOWLEDGEMENT OF RECEIPT: NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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### FOR OFFICE USE ONLY

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We attempted to obtain written Acknowledgement of Receipt of Notice of Privacy Practices, but for the following reason we could not:

- Individual refused to sign
- Communication barriers prohibit obtaining Acknowledgement
- An emergency situation prevented obtainment

## **DENTAL MATERIAL FACT SHEET**

I acknowledge that I have received a copy of the Dental Board of California "The Facts about Fillings" pamphlet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## **CELL PHONE**

I consent to the dental practice using my cell phone number to (choose one or both) call  text   
Regarding appointments and to call regarding treatment, insurance, and my account. I understand that I can withdraw my consent at any time. My cell phone number is (include area code):

\_\_\_\_\_ (initial)