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Acknowledgement of Receipt of Privacy Notice

This document acknowledges that you have received a copy of the Notice of Privacy Practices. This document is not a contract, authorization, release, or consent form. This document will remain in your records.

I, _____ (Patient),
Acknowledge that I have RECEIVED a copy of the Notice of Privacy Practices.

Patient Signature: _____ Date: _____

If the Patient is a minor, a parent or legal guardian must sign below.

Or if the Patient is not a minor, but under the care of a relative, friend, or caregiver, sign below.

Parent or Legal Guardian: _____ Date: _____

Relationship: _____

Acknowledgement of Receipt of Dental Materials Fact Sheet

I, _____ (Patient)
Acknowledge that I have RECEIVED a copy of the Dental Materials Fact Sheet. Fact sheet dated June 2004.

Patient Signature: _____ Date: _____