

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of Dr. Rick Van Tran's "NOTICE OF PRIVACY PRACTICES", revision date of October 14, 2008.

As required by the Privacy Regulations, Dr. Tran's and/or staff has explained and/or given me the "NOTICE OF PRIVACY PRACTICES" and I have read and/or understood the policy to my satisfaction.

As required by the Privacy Regulations, I am aware that this practice has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Requests:

- I wish to make **no** request or objections of my Protected Health Information.
- I wish to file a "Request for Restriction" of my Protected Health Information.
- I wish to file a "Request for Alternative Communications" of my Protected Health Information.
- I wish to object to the following in the "Notice of Privacy Practices":

I understand that this office may change their Notice of Privacy Practices and is not required to honor the terms of the original/previous version(s).

Signature

Date

Print Name

Patient Acknowledgement of Receipt of Dental Materials Fact Sheet

I, _____, acknowledge that I have received from Dr. Rick Van Tran's office a copy of the Dental Materials Fact Sheet dated October 2001.

Signature

Date

(Office Use Only)

- Privacy Form signed and received by our office
- Patient refused to sign Privacy Form due to: _____.