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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPAA)

(You may refuse to sign this Acknowledgement)

I, _____, have received a copy of the Notice of Privacy Practices.

Signature

Date

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

Individual refused to sign

Communication barriers prohibited obtaining acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other _____

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET

I, _____, acknowledge that I have received a copy of the Dental Materials Fact Sheet dated October 2001.

Signature

Date

The Dental Board of California Dental Material Facts Sheet was adopted by the Board on October 17, 2001. It is required by Chapter 801, Statutes of 1992 that a summarized version of Dental Materials be available to all patients.