

California Coast Dental Arts
Dr. Jack W. Chan

Patient Acknowledgment of
Receipt of Dental Materials Fact Sheet and
Notice of Privacy Practices

As of January 1, 2002 the Dental Board of California now requires that we distribute to our patients a copy of the Dental Materials Fact Sheet. In addition, the Health Insurance Portability and Accountability Act (HIPAA) requires effective April 14, 2003 that patients be given a copy of our Notice of Privacy Practice.

If you would, please print and sign your name below.

I, _____, acknowledge I have received from this office

1. A copy of Dental Materials Fact Sheet (A waiting room copy is provided. If you would like a copy of it, please ask a staff member.); and
2. Notice of Privacy Practices.

Patient Signature or Personal Representative

Date

If signed by a Personal representative of the Patient, describe the representative's authority to act for the patient. _____

For Office Use

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

- Communication barriers prohibited obtaining acknowledgement
- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgement
- Other

Please explain _____

California Coast Dental Arts

Patient acknowledgement of cancellation policy

At California Coast Dental Arts, we understand that your time is important, and in result we have reserved an appointment for your visit with us.

If in any event that the appointment needs to be rescheduled, please give us at least a 48-hour notice, and we will reschedule your appointment to your earliest convenience.

To maintain the quality of care and keep from overbooking, our office policy states that we need a 48-hour cancellation notice, otherwise a \$50 no show fee will apply per hour.

We understand that emergencies and illness may arise last minute, but please do give us enough time so that we may allow other patients to use that reserved spot.

By signing below, you acknowledge that you have read and understood the cancellation policy.

Thank you,

California Coast Dental Arts

Patient signature

Date