

URMI AMIN, DDS MS
10 El Camino Real, Suite 102
San Carlos, CA 94070
Phone: (650) 596-8045 Fax: (650) 596-8074

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY
PRACTICES AND DENTAL MATERIALS FACT SHEET**
(You May Refuse to sign this acknowledgement)

I, _____ have received a copy of this office's Notice of Privacy Practices and a copy of the Dental Materials Fact Sheet dated October 2001.

Signature _____

Date _____

For Office Use Only

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
