



PATIENT ACKNOWLEDGMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you have received a copy of this notice. I, acknowledge that I have received from the John Wesley Health Center a copy of the Dental Materials Fact Sheet dated.

Patient's Name (Last, First, Middle Initial)

Signature

Date

10- ACKNOWLEDGEMENT OF RECEIPT OF HIPAA PRIVACY PRACTICES & CLIENT GRIEVANCES PROCEDURE

I, _____, do hereby acknowledge receipt of the following documents:

1. Notice of HIPAA Practices, Policies and Procedures
2. Client Grievances Procedure

Patient's Name

Date

Patient's Signature