

Redlands Dental Surgery Center Acknowledgement of Receipt of Forms

Patient Name: _____ Date of Birth: _____

Attached to this form you will find a copy of your List of Patient Rights, Privacy Policy / HIPAA (Health Insurance Portability & Accountability Act), Dental Materials Fact Sheet, Cancellation Policy, and information regarding Advance Directives. Please detach form and read carefully; this is yours to keep.

I have received a copy and understand the List of Patient Rights.

Initial

I have received a copy and understand the Privacy Policy / HIPAA.

Initial

I have received a copy and understand the Dental Materials Fact Sheet.

Initial

I have received a copy and understand the Cancellation Policy.

Initial

I have an Advance Directive (Yes / No) – **PLEASE CIRCLE**

I hereby acknowledge that I have received a copy of how to obtain an Advance Directive. I am aware Redlands Dental Surgery Center does **NOT** honor Advance Directives.

Initial

Signature

Relationship

Date