

Acknowledgement of Receipt of Privacy Notice

This document acknowledges that you have received a copy of the Notice of Privacy Practices. This document is not a contract, authorization, release, or consent form. This document will remain in your records.

I, \_\_\_\_\_ (Patient),  
acknowledge that I have received a copy of the Notice of Privacy Practices.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the patient is a minor, a parent or legal guardian must sign.

Parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

If the patient is not a minor, but under the care of a relative, friend, or caregiver, sign here.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Ellen M. Pacleb, D.D.S.  
1307 Solano Ave.  
Albany CA, 94706*

**Patient Acknowledgement of  
Receipt of Dental Materials Fact Sheet**

I, \_\_\_\_\_, acknowledge I have  
Received from Ellen M. Pacleb, DDS a copy of the Dental Materials  
Fact sheet dated June 2004.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date