## **iPRO DENTAL**

#### Hong He, DDS

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# Acknowledgement of Receipt of

# **Dental Materials Fact Sheet**

## And

# **Notice of Privacy Practices (HIPAA)**

I, \_\_\_\_\_\_, acknowledge that I have received from iPRO Dental a copy of Dental Materials Fact Sheet dated May 2004 and a copy of Notice of Privacy Practices (HIPAA).

Signature of Person Responsible for Patient

## Office Use Only

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

Individual refused to sign

Communications barriers prohibited from getting acknowledgement receipt

An emergency situation prevented us from getting acknowledgement receipt

Other (please specify)

Date