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ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET & NOTICE OF PRIVACY PRACTICES (HIPAA)

I, _____, acknowledge that I have received from CarlsbaDDS Pediatric Smiles a copy of the Dental Materials Fact Sheet dated May 2004 and a copy of the office's Notice of Privacy Practices (HIPAA).

**Please Sign Electronic Copy at
the Office**

Signature of Person Responsible for Patient

Date:

OFFICE USE ONLY

We attempted to obtain written acknowledgement of 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)