**Quynci Nguyen, DDS**
**17400 Irvine Blvd Suite C**
**Tustin, CA 92780**

# Notice of Privacy Practices Acknowledgement
# and
# Patient Acknowledgment and Receipt of Dental Materials Fact Sheet

I understand that under the Health Insurance Portability & Account Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this practice has the right to change its Notice of Privacy Practices from time to time and that I may contact this practice at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I acknowledge that I have received from Quynci Nguyen, DDS a copy of the **Dental Material Fact Sheet**.

(Initials _____)

The following document is the Dental Board of California Dental Material Fact Sheet. The Department of Consumer Affairs has no position with respect to the language of this Dental Material Fact Sheet and its linkage to the DCA website does not constitute an endorsement of the content of this document.

## PATIENT ACKNOWLEDGEMENT

By signing my name below, I acknowledge receipt of a copy of this Notice, and my understanding and my agreement to its terms.

Signature of Patient,Parent, Guardian: _____ Date: _____

Print Name: _____ Date: _____