



## IntegrityDental

### ACKNOWLEDGEMENT OF REQUIRED INFORMATION

#### ***Notice of Privacy Practices Acknowledgement***

I have received, read, and understand the *Notice of Privacy Practices* that contains description of the uses and disclosures of my health information. I understand that Integrity Dental has the right to change its *Notice of Privacy Practices* from time to time and that I may contact the office at any time to obtain a current copy of the notice.

I understand that my information may be used to:

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

#### ***Dental Materials Fact Sheet Acknowledgement***

I have received, read, and understand the *Dental Materials Fact Sheet* that contains a description of some the types, advantages, and disadvantages of various dental restorative materials. I understand that I may contact the office at any time to obtain a copy of the information contained in the document.

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Patient / Legal Guardian Name

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Signature of Patient / Legal Guardian

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Date