

**Tony I Kuo. DDS, Inc.**  
**Atrium Cosmetic & Restorative Dentistry**

**Notice of Privacy Practices  
Acknowledgement**

I understand that under the Health Insurance Portability & Accountability 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 the treatment directly or 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, which containing a more complete description of the uses and disclosures of my health information.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
*(patient or legal guardian)*

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

Relationship to Patient: \_\_\_\_\_

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

As required by law, Dental Board of California has prepared this fact sheet to summarize information on the most frequently used restorative dental materials. Information on this fact sheet is intended to encourage discussion between the patient and dentist regarding the selection of dental materials best suited for the patient's dental needs. It is not intended to be a complete guide to dental materials science.

I have received a copy of Dental Materials Fact Sheet from the office of Tony Kuo, D.D.S. Inc. as required by law. This Dental Materials Fact Sheet was updated on May 14, 2004 by Dental Board of California.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
*(patient or legal guardian)*

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

Relationship to Patient: \_\_\_\_\_

*For Office Use Only*

*We attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but were unable to do so because:*

- Individual refused to sign
- Communication barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other

\_\_\_\_\_

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

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\_\_\_\_\_

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_