

## Acknowledgement of Receipt of Dental Materials Facts Sheet

**\*\*You may refuse to sign this Acknowledgement\*\***

I, \_\_\_\_\_, acknowledge that I have been informed and have access to the **Sam Rahimi-Vijeh, DMD** Dental Materials Facts Sheet.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

\_\_\_\_\_  
Personal Representative Name

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

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## Acknowledgement of Receipt of Privacy Practices

**\*\*You may refuse to sign this Acknowledgement\*\***

I, \_\_\_\_\_, acknowledge that I have been informed and have access to the **Sam Rahimi-Vijeh, DMD** Privacy Practices containing a more complete description of the uses and disclosures of my health information.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

\_\_\_\_\_  
Personal Representative Name

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

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## For Program Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices and Dental Materials Fact Sheet, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please specify)