

Acknowledgement of Receipt of Notice of Privacy Practices,
The Dental Material Fact Sheet and Email/Cell Federal Requirements

You may refuse to sign this acknowledgement understanding that we may be unable to perform assistance with insurance and accounting.

I, _____ (Full Name) have received and reviewed a copy of the Notice of Privacy Practices for Steven G. Kolokithas, D.D.S., located at 2920 Broadway, Redwood City, CA 94062.

I, _____ (Full Name) have received and reviewed The Dental Materials Fact Sheet.

I, _____ (Full Name) understand that the email for Dr. Kolokithas' office is only encrypted from his server to the Regional Data Center Transfer Point. From that point on I accept that communications may not be encrypted and release Dr. Kolokithas' office from any security breach that may result from the Regional Data Center Transfer Point and afterward.

I, _____ (Full Name) give permission to the office of Steven G. Kolokithas, D.D.S. to call my cell phone to discuss appointment and accounting issues.

_____ [Please Print Name]

_____ [Signature]

_____ [Date]

This Acknowledgement is signed by a personal representative on behalf of the patient.

[Personal Representatives Name] _____

[Relationship to Patient] _____

For Office Use Only

***We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, DMFS and permissions for email/cell use, 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):

