

Richard K. Amo D.D.S., Inc  
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**ACKNOWLEDGEMENT OF RECEIPT OF  
“NOTICE TO PRIVACY PRACTICES” AND “DENTAL MATERIALS FACT SHEET”**

I have been given a copy of this office’s *Notice to Privacy Practice* and *Dental Materials Fact Sheet*

\_\_\_\_\_  
PRINT PATIENTS NAME

\_\_\_\_\_  
SIGNATURE OF PATIENT OR GUARDIAN

\_\_\_\_\_  
DATE GUARDIAN’S PRINTED NAME

**CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION:**

**Purpose of consent:** By signing this form you will consent to our use and disclosure of your protected health information to carry our treatment, payment activities and healthcare operations.

**Notice of Privacy Practices:** This Notice accompanies this consent and gives a detailed description of how we handle your protected health information. We reserve the right to change our privacy practices as described in the attached Notice. If we change our privacy practice we will issue a revised Notice with will contain the changes in writing.

**Right to Revoke:** you will have the right to revoke this consent at any time by giving us written notice of your revocation submitted to our office. Please understand that revocation of this consent will not affect any action we took in reliance on this consent before we received your revocation. We may decline to treat you or to continue treating you if you revoke this consent.

\_\_\_\_\_  
*signature of responsible party*