

**Patient Signature Form
For
Financial Policy
Dental Materials Fact Sheet
HIPAA Privacy Practices**

Our office is required by law to maintain an individual's privacy and to provide notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the form, please ask to speak with our HIPAA Compliance Officer in person or by phone at (559)233-2688.

Signature below acknowledges receipt of the HIPAA Notice of Privacy Practices, Dental Materials Fact Sheet, and Office Financial Policy. The undersigned also understands that he/she is financially responsible for dental treatments and may ask questions at any time regarding treatment costs and payments.

This will include my family members as listed below:

- 1 - _____
- 2 - _____
- 3 - _____
- 4 - _____

Signature

Date