

# cabrillo dental

FAMILY AND COSMETIC DENTISTRY

Everything you need for a healthy smile

## PATIENT ACKNOWLEDGEMENTS

PLEASE FILL OUT THIS FORM COMPLETELY

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### 8 Disclaimer

*I understand that the information I have given today is correct to the best of my knowledge and it is my responsibility to inform this office of any changes in my medical and insurance status. I also understand that this information will be held in the strictest of confidence. I authorize the dental team to perform any necessary dental services that I may need during diagnosis and treatment with my informed consent.*

*Since payment is due in full at the time of treatment (unless other arrangements have been approved), I am responsible for any amount not covered by my insurance. For all patient balances that become older than 90 days, I agree to pay all costs associated with collections and attorney fees if suit be instituted hereunder. I will do everything withing my power to give at least 24 hour notice. I realize that failure to do so may result in a \$25 fee.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please feel free to discuss any questions or concerns you may have regarding our policies. We feel honored that you have chosen us.

### 9 Privacy Practices

**Ehsan Nasery D.D.S.**

#### ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

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

I, \_\_\_\_\_, understand that Dr. Nasery's Office abides by the HIPAA Law and will protect the privacy of my personal information. A copy of our Notice of Privacy Practices available if requested.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment for the receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

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