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DERRICK M. CHAN | DDS
and Associates

Acknowledgment of Receipt

Notice of Privacy Practices

&

Dental Materials Fact Sheet

I, _____ acknowledge that Derrick M. Chan, DDS and Associates has provided me with a copy of the Notice of Privacy Practices and the Dental Materials Fact Sheet as required by law and that I may request additional copies at anytime.

Version Dated	*Signature*	*Date*

****You May Refuse to Sign This Acknowledgment****

For Office Use Only

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

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgment
- ☐ An emergency situation prevented us from obtaining the acknowledgment
- ☐ Other (Please Specify)

Staff Initial: _____