

PATRICIA DECILLA, D.D.S.

COSMETIC & GENERAL DENTISTRY

NOTICE OF PRIVACY PRACTICES FOR PROTECTED
HEALTH INFORMATION CONSENT

I have read and understood the "Notice of Privacy Practices for Protected Health Information"

Name (printed): _____

Signature: _____ Date: _____

DENTAL MATERIALS FACT SHEET CONSENT

I have read and understood the "Dental Materials Fact Sheet"

Name (printed): _____

Signature: _____ Date: _____

Please let us know if you would like to have personal copies of the "Notice of Privacy Practices for Protected Health Information" and/or the "Dental Materials Fact Sheet".