

Soft Touch Dental  
4551 Glencoe Ave #250  
Marina Del Rey, CA 90292  
310-823-2343

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Clearly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Patient Acknowledgement of Receipt of Dental Materials Fact Sheet**

I, \_\_\_\_\_, acknowledge I received a copy of the Material Fact Sheet dated October, 2001.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Office Use Only

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

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