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**RECEIPT OF "NOTICE OF PRIVACY PRACTICES" AND "FACTS
ABOUT FILLINGS" DOCUMENTS**

I have been offered/given the two documents:

1) NOTICE OF PRIVACY PRACTICES- as required by federal and state law to maintain the privacy of my health information

2) FACTS ABOUT FILLINGS- as required by the Dental Board of California to disclose information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

I have also been given the opportunity to ask the doctor(s) concerning any questions I might have about the two documents listed above.

Signature Patient, Parent, or Guardian

DATE: _____