Shahin Mahallati, DDS

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(949)248-7772

**HIPPA Consent & Acknowledgement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby consent and

**Patient name or Guardian**

acknowledge the terms set forth in the “*HIPPA INFORMATION FORM*” and any subsequent changes in the office policy. I understand that this consent and acknowledgement shall remain in force indefinitely.

 **Acknowledgement of Receipt of the Dental Facts Material**

 **Sheet**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby acknowledge that I have

**Patient name or Guardian**

received a copy of the dental Facts Material Sheet.

Patient/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_