

Anna Witanto, D.D.S.
2701 Decoto Road, Suite 1
Union City, CA 94587
(510) 489-6900

Dental Materials Fact Sheet

I _____, acknowledge that I have read and understand the Dental Materials Fact Sheet.

Print Patient Name

Patient/Guardian Signature

Date

Health Insurance Portability Accountability Act

I _____, acknowledge that I have read and understand the **Health Insurance Portability Accountability Act (HIPAA)**.

By signing below I understand that **Dr. Anna Witanto**, and staff may use or disclose any information pertaining to my health and treatment, for my treatment, payment from insurance companies, and/or healthcare operations. Otherwise my information will be kept in the strictest of confidence.

Print Patient Name

Patient/Guardian Signature

Date