



ICONIC Dentistry
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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

Effective Date: April 1 2019

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices for providers at ICONIC Dentistry. I further acknowledge that a copy of the current notice is posted in the reception area and that any amended Notice of Privacy Practices will be made available at my next appointment.

Signature: _____

Date: _____

Print Name: _____

Phone: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient: _____

