

**Patient Acknowledgment of  
Receipt of Dental Materials Fact Sheet and  
Notice of Privacy Practices**

As of January 1, 2002, the Dental Board of California now requires that we distribute to our patients a copy of the Dental Materials Fact Sheet. In addition, the Health Insurance Portability and Accountability Act (HIPAA) requires effective April 14, 2003 that patients be given a copy of our Notice of Privacy Practice.

If you would, please print and sign your name below.

I, \_\_\_\_\_, acknowledge I have received from this office

1. A copy of the Dental Materials Fact Sheet; and
2. Notice of Privacy Practices.

\_\_\_\_\_  
Patient Signature or Personal Representative

\_\_\_\_\_  
Date

If signed by a Personal Representative of the Patient, describe the representative's authority to act for the patient. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Office Use

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

Individual refused to sign

Communications barriers prohibited obtaining acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_