



## **Patient Acknowledgement of Receipt of Dental Materials Facts 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 Facts Sheet. In addition, the Health Insurance Portability and Accountability Act (HIPAA) requires, effective April 14, 2003, that patient be given a copy of our Notice of Privacy Practice.

Please print and sign your name below.

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

1. A copy of the Dental Materials Fact Sheet
2. The Notice of Privacy Practice

\_\_\_\_\_  
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 Only**

We attempted to obtain written acknowledgment 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)

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