

**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
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)

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