



Patient Acknowledgement of Receipt of Dental Materials Fact Sheet and Notice of Privacy Practices

As of January 1, 2012 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 (HIPPA) require effective April 14, 2003 that the patients be given a copy of our Privacy Practice.

If you would, please print 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/Guardian Signature: _____ **Date:** _____

If signed by a personal representative of the patient, describe the representative's authority to act for the patient. _____

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
- _____ Communication barriers prohibited obtaining acknowledgement
- _____ An emergency situation prevented us from obtaining acknowledgement
- _____ Other (Please Specify): _____