



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

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

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

I, \_\_\_\_\_, acknowledge that 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

\_\_\_\_\_ Communication barriers prohibited obtaining acknowledgement

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgment

\_\_\_\_\_ Other – please specify: \_\_\_\_\_

\_\_\_\_\_

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