

*Patient Acknowledgement of Receipt
Of Dental Material Fact Sheet
And Notice of Privacy Practices*

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

Please print and sign your name below:

I, _____, acknowledge that I have received from this office:
Patient Name

- **A copy of the Dental Materials Fact Sheet**
- **Notice of Privacy Practices**

Signature of Patient or Responsible Party

Date

If signed by a Responsible Party, please describe your relationship to the patient:

For Office Use Only

We attempted to obtain written acknowledgement of receipt of the Notice of Privacy Practices, however acknowledgement could not be obtained due to:

- Individual refused to sign**
- Communication barriers prohibited obtaining acknowledgement**
- An emergency situation prevented us from obtaining acknowledgement.**
- Other (Please specify) _____**