



**PATIENT ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACTS SHEET
AND NOTICE OF PRIVACY PRACTICES**

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) require 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. Dental Materials Fact Sheet**
- 2. 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 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):

