

**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 (HIPPA) 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, 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.

\_\_\_\_\_  
\_\_\_\_\_

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*For Office Use*

**We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:**

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgement.
- Other \_\_\_\_\_