

**Patient Acknowledgment of  
Receipt of Dental Materials fact sheet and  
Notice of Privacy Practices**

**Patient Name:** \_\_\_\_\_

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 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 Material Fact Sheet; and
2. Notice of Privacy Practices.

\_\_\_\_\_  
**Patient Signature or Personal Representative**

\_\_\_\_\_  
**Date**

If signed by 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 acknowledgement
- Other (please Specify)

\_\_\_\_\_

