

**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)
