

## Patient Acknowledgment of Receipt of Dental Materials Fact Sheet and Notice of Privacy Practices

As of January 2, 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 14th, 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 that I have received from this office. (If you do not want a copy of either sheet, please inform the front desk personnel)

1. A copy of the Dental Materials Fact Sheet, and
2. Notice of Privacy Practices

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

\*If signed by a Personal Representative of the patient, describe the representative's authority to act for the patient.