

Patient Acknowledgement of  
Receipt of Dental Materials Fact Sheet and  
Notice of Privacy Practices

As of January 1, 2002, the Dental Board of California requires that we distribute to our patients a copy of The Dental Material Fact Sheets. In addition, the Health Insurance Portability and Accountability Act (HIPAA) require, effective April 14, 2003, that patients be given a copy of our Notice of Privacy Practice.

Please print and sign your name below.

I, \_\_\_\_\_, acknowledge that  
I have been offered or received from this office:

1. Dental Materials Fact Sheet
2. The Notice of Privacy Practice (HIPAA)

\_\_\_\_\_  
Patient's or Parent's or Guardian's signature

\_\_\_\_\_  
Date

If signed by a personal representative of the patient, describe the  
representative's authority to act for patient.

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