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**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 Heath Insurance

Portability and Accountability Act (HIPAA) 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.

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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. .

For Office Use

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices,

but acknowledgement could not be obtained because:

o Individual refused to sign

o Communications barriers prohibited obtaining acknowledgement

o An emergency situation. prevented us from obtaining acknowledgement

o Other (Please Specify)

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