



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

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 (HIPPA) requires, 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 received from this office:

1. A copy of the Dental Materials Fact Sheet
2. The Notice of Privacy Practice

Signature _____ Date _____

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

_____ Patient Name
_____ Relationship of signatory

Request for Confidential Communication

As My Dental Care provider, I give my permission to contact me or leave a confidential voicemail for myself on my:

Home phone _____ Cell phone _____ Work phone _____

I give my permission to contact me or leave a confidential message for myself via email.

Yes _____ No _____