

Acknowledgement of Receipt of Dental Materials Fact Sheet

****You May Refuse to Sign This Acknowledgement****

I, _____, acknowledge that I have been given a copy of the Dental Materials Fact Sheet provided by the California Dental Association.

_____ [Please Print Name]

_____ [Signature]

_____ [Date]

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's name

Relationship to Patient _____

Acknowledgement of Receipt of Privacy Practices

• ****You May Refuse to Sign This Acknowledgement****

I, _____, acknowledge that I have been informed and have access to the HIPAA Privacy Practice containing a more complete description of the uses and disclosures of my health information.

_____ [Please Print Name]

_____ [Signature]

_____ [Date]

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's name

Relationship to Patient _____

For Program Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices and Dental Materials Fact Sheet, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)