

ILAS DENTAL CARE
Family and Cosmetic Dentistry

**PATIENT ACKNOWLEDGEMENT AND RECEIPT OF NOTICE OF PRIVACY
PRACTICES AND DENTAL MATERIAL FACTS SHEET**

The Dental Board of California now requires that we distribute to our patients a copy of the Dental Materials Facts Sheet. In addition, the Health Insurance Portability and Accountability Act (HIPAA) require that patient be given a copy of our Notice of Privacy Practices.

Please print and sign your name below.

I, _____, acknowledge I have received from this office:

- 1. Notice of Privacy Practice
- 2. Dental Material Fact Sheet

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:

Name of Personal Representative

Relationship to Patient

For Office Use Only

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

- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify):

