

**PATIENT ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I have received (or have been offered) a copy of this office's Notice of Privacy Practices.
By signing this form, you are giving this office your consent to use and disclose health information about you for treatment, payment, and health care operation purposes.

Signature: _____

Patient Name: _____

Patient Representative (if minor): _____

Date: _____

Witness: _____

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:

- Ⓒ Individual refused to sign
- Ⓒ Communications barriers prohibited obtaining the acknowledgements
- Ⓒ An emergency situation prevented us from obtaining acknowledgements
- Ⓒ Other {Please Specify}: _____

**Dena Marcus, D.D.S.
Claire Tyler, D.D.S.
644 Third St. West
Suite A
Sonoma, CA. 95476**

The California State Dental Board updated the Dental Material Fact Sheet. Business & Professions Code Section 1648.15 requires that we provided this updated fact sheet to every new patient and to patients of record before performing dental restoration work. This needs to be provided once and is available for your review.

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIAL FACT SHEETS

I, _____, acknowledge that I have read/received a copy of the Dental Material Fact Sheet as required by law.

Signature Patient or Guardian

Date

If the patient is not a minor, but under the care of a relative, friend or caregiver, sign below.

Signature

Date

Relationship