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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 Health Insurance Portability and Accountability Act (HIPAA) requires, effective April 14, 2003, that patients be given a copy of our Notice of Privacy Practice.

Please PRINT & SIGN your name below:

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

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

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 acknowledgment of receipt of our Notice of Privacy Practices but acknowledgment could not be obtained because

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