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**ACKNOWLEDGE OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES  
AND  
DENTAL MATERIALS FACT SHEET**

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\* You May Refuse to Sign This Acknowledgement \*  
Print initials on the line to acknowledge

\_\_\_\_\_ I have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_ I have received a copy of this office's Dental Materials Fact Sheet.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our

- Notice of Privacy Practices
- Dental Materials Fact Sheet

But acknowledgement could not be obtained because:

- Individual refused to sign
  - Communication barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_