



*Increasing happiness!*

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

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices and The Dental Board of California's Dental Materials Fact Sheet.

Additionally, I authorize my Dental Provider to discuss my dental treatment and/or condition with the following person(s).

\_\_\_\_\_ Spouse      \_\_\_\_\_ Child      \_\_\_\_\_ Parent      \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Date

\*You may refuse to sign this acknowledgement.