

Patient Acknowledgment of
Receipt of Dental Materials Fact Sheet and
Notice of Privacy Practices

As of January 1, 2002, the Dental Board of California requires that we distribute to our patients a copy of The Dental Materials Fact Sheets. In addition, The Health Insurance Portability and Accountability Act (HIPPA) require, effective April 14, 2003, that patients be given a copy of our Notice of Privacy Practice.

Please print and sign your name below:

I, _____, acknowledge that I have received
from this office: up on my request:

- | | | |
|---|-----|----|
| • A copy of the Dental Materials Fact Sheet | YES | NO |
| • The Notice of Privacy Practice | YES | NO |

Patient's or Parent's or Guardian signature

Date

If signed by a personal representative of the patient, describe the representative's
authority to act on behalf of
patient. _____

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