



HIPAA Notice of Privacy Practice and Dental Materials Fact Sheet

The Health Insurance Portability and Accountability Act (HIPAA) requires that healthcare providers give each patient a copy of the Notice of Patient Privacy Practices and Dental Materials Fact Sheet, and make a good faith effort to obtain acknowledgement of receipt for the notice. Patient may refuse to sign for receipt.

By signing this form, I confirm that I have received a copy of the Notice of Privacy Practice and a copy of the Dental Materials Fact Sheet.

Patient or Parent/Guardian Name: _____

Patient or Parent/Guardian Signature: _____ Date: _____

OFFICE USE:

Written acknowledgement was not obtained because:

- Patient refused to sign
- Unable to communicate with patient
- Emergency situation _____
- Other _____