

**DMC DENTAL PRACTICE, INC
MAURICIO FONRODONA. D.D.S.
18981 Ventura Blvd. Suite 200
Tarzana, CA 91356**

**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.

If you would, please print and sign your name below.

I, _____, acknowledge I have received from this office

- A copy of the Dental Material Fact Sheet
- Notice of Privacy Practices

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 acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgment.
- Other (Please specify)