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**ACKNOWLEDGEMENT OF RECEIPT AND  
CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION  
AND  
PATIENT ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET**

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\*You may Refuse to Sign This Acknowledgement\*

**TO THE PATIENT --- PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

**Purpose of Consent:** By signing this form, you acknowledge the receipt of this dental office's Privacy Practices and you consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

**Right to Revoke:** You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Office Manager of the location. Please understand that revocation of this consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

**Dental Materials Fact Sheet:** This is information provided by the Dental Board of California to advise patients of the types of materials used in the dental office. By signing this form you acknowledge receipt of the fact sheet.

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**I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices and authorize their use and or disclosure of my protected health information for treatment, payment and healthcare operations.**

**In addition, I have received a copy of the Dental Materials Fact Sheet dated May 2004.**

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\_\_\_\_\_  
Patient/Parent/Guardian Signature

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\_\_\_\_\_  
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 and /or Dental materials Fact Sheet, but acknowledgment could not be obtained because:**

- Individual refused to sign acknowledgement for HIPAA/DMFS (circle one)
  - Communications barrier prohibited obtaining the acknowledgement/consent
  - An emergency situation prevented us from obtaining acknowledgment/consent
  - Other (Please Specify)
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