

DENTAL CARE OF LA VERNE  
PATIENT ACKNOWLEDGMENT OF RECEIPT  
OF DENTAL MATERIALS FACT SHEET AND  
NOTICE OF PRIVACY PRACTICES

AS OF JANUARY 1, 2003, THE DENTAL BOARD OF CALIFORNIA NOW REQUIRES THAT WE  
DISTRIBUTE TO OUR PATIENTS THE DENTAL MATERIALS FACT SHEET. IN ADDITION, THE  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) REQUIRES (EFFECTIVE  
APRIL 14, 2003) THAT PATIENTS HAVE READ AND UNDERSTAND THE HIPAA FORM.

IF YOU WOULD PLEASE PRINT AND SIGN YOUR NAME BELOW

ACKNOWLEDGE AND I HAVE READ AND UNDERSTOOD

1. THE DENTAL MATERIALS FACT SHEET
2. 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

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FOR OFFICE USE ONLY

WE ATTEMPTED TO OBTAIN ACKNOWLEDGMENT OF RECEIPT OF OUR NOTICE PRIVACY  
PRACTICES, BUT ACKNOWLEDGEMENT COULD NOT BE OBTAINED BECAUSE

1. INDIVIDUAL REFUSED TO SIGN
2. COMMUNICATION BARRIERS PROHIBITED OBTAINING ACKNOWLEDGEMENT
3. AN EMERGENCY SITUATION PREVENTED US FROM OBTAINING  
ACKNOWLEDGEMENT OR OTHER (PLEASE SPECIFY)

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NOTICE TO OUR VALUED PATIENTS:

IT IS EXTREMELY IMPORTANT THAT INSURANCE AND DENTAL PLAN INFORMATION BE GIVEN  
TO THE FRONT DESK AT THE INITIAL APPOINTMENT. IF YOU HAVE MORE THAN ONE DENTAL  
INSURANCE PLAN, YOUR OUT OF POCKET EXPENSE COULD BE GREATLY REDUCED. EVEN IF  
ONE PLAN STATES 100% COVERAGE, TREATMENT ITEMS MAY BE EXCLUDED BY ONE  
INSURANCE PLAN AND COVERED BY ANOTHER.

IN SHORT, COMMUNICATION REGARDING YOUR DENTAL COVERAGE WILL ONLY BENEFIT YOU  
AND I REVENT ANY ADDITIONAL INSURANCE DURING OR AT THE END CAN NEGATE  
COVERAGE. IT IS BEST TO LET US KNOW PRIOR TO SERVICES RENDERED.

WE APPRECIATE YOUR COOPERATION IN THIS MATTER AND HOPE THIS INFORMATION WILL  
ASSIST YOU IN PROVIDING US ADEQUATE INFORMATION REGARDING YOUR DENTAL PLAN  
COVERAGE

I HAVE READ AND UNDERSTAND THE ABOVE

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_