



OF CORONADO AVENUE

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES &
DENTAL MATERIAL FACT SHEET (PROP 65)**

I, _____, acknowledge and agree that I have received a copy of **Dental Arts of Coronado Avenue** Notice of Privacy Practices and Dental Material Fact Sheet (Prop 65) on the date identified below.

Patient Signature

Date

Patient Legal Representative (if applicable)

Date

Print Name of Legal Representative

Relationship to patient

FOR CLINIC USE ONLY:

Dental Arts of Coronado Avenue made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices And the Dental Material Fact Sheet (Prop 65). This effort has been completed as directed by current HIPPA standards and by the Dental Board of California.