Children's Dental Associates, P.C.

Acknowledge of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices of Children's Dental Associates. I hereby authorize, as indicated by my signature below, Children's Dental Associates, to use and disclose my protected health information for any necessary clinical, financial, and insurance purpose, as authorized in the patient consent form. My signature will also serve as a public health information document release should I request treatment or radiographs be sent to other attending doctors/facilities in the future.

_____ _____

Print Name (Parent or Legal Guardian) Signature

_____ _____

Relationship to child/children Date

Please check any of your preferred means of communication:

You may contact me at any of the following. Check all that apply.

☐ Home phone _____ ☐ Mobile phone _____

☐ Work phone _____ ☐ Other_____

☐ Email_____

☐ Email_____

Please list all authorized persons with whom we may share protected health information (PHI)

1. _____

Name Relationship to child Phone #

☐ Authorized to make decisions on my behalf ☐ Authorized to accompany child/children to appointments only

☐ Authorized to sign consent for procedures ☐ Authorized to make decisions for emergency only

2. _____

Name Relationship to child Phone #

☐ Authorized to make decisions on my behalf ☐ Authorized to accompany child/children to appointments only

☐ Authorized to sign consent for procedures ☐ Authorized to make decisions for emergency only

3. _____

Name Relationship to child Phone #

☐ Authorized to make decisions on my behalf ☐ Authorized to accompany child/children to appointments only

☐ Authorized to sign consent for procedures ☐ Authorized to make decisions for emergency only

If the parent/legal guardian wants to make changes to this list, a new form must be completed. This document does not expire until the Practice is notified in writing by the parent or legal guardian.

For office use only: 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 ☐ An emergency situation prevented us from obtaining the acknowledgement ☐ Other_____ Staff initials _____