



Smiles4Kids

DENTISTRY FOR CHILDREN

Patient's Name: _____
Last First Initial Date of Birth

I am aware of and understand the HIPAA Privacy Act.

I, _____, acknowledge that I have received a
(Print Parent/Guardian)
copy of this office's Notice of Privacy Practices.

Parent/Guardian's Signature: _____

Address: _____ Phone: _____

I also give consent to the following to discuss and make decision about my child's dental with the Smile 4 Kids dental staff (continue at bottom of page if additional space is needed):

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practice, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An Emergency situation prevented us from obtaining acknowledgement
- Other (please specify)