

RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge I have had the opportunity to read the Children's Dentistry Notice of Privacy Practices and a copy was made available to me.

Signature – Patient or Personal Representative

Date

Child(ren)'s name(s)

If Personal Representative's signature appears above, please describe Personal Representative's relationship to patient:

Patient Name

Patient Date of Birth (DOB)

In order to establish optimal relations with our patients and avoid misunderstandings regarding our payment policies, our staff is trained to inform you of the financial policies of this office. Further, your signature authorizes the release of medical information to your primary care or referring physicians, to consultants if needed and as necessary to process insurance claims, insurance applications and prescriptions. I also authorize payment of dental benefits to the dentist.

Do we have permission to:

- | | | |
|---|------------------------------|-----------------------------|
| Send a reminder card to your home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Leave a message on your answering machine at home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Call/Leave a message at your place of employment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Discuss your medical condition with any member of your household? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, whom: _____ Relationship: _____

I agree__disagree__ to the use of my and/or my child's story, photo, or other item being submitted to certain social media groups used by Children's Dentistry. I hereby release Children's Dentistry and their representatives from all claims and demands arising out of or in connection with any use of said information, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

Patient/Responsible Party Signature

Date