



# KIDS FIRST DENTISTRY

*Your Privacy Is Important To Us*

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices of Kids First Dentistry. I hereby authorize, as indicated by my signature below, Kids First Dentistry to use and disclose my protected health information for any necessary clinical, financial and insurance purpose as authorized in the Patient Consent Form.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please check your preferred means of communication:**

- You may contact me at my home telephone number: \_\_\_\_\_
- You may contact me on my mobile telephone number: \_\_\_\_\_
- You may contact me on my work telephone number: \_\_\_\_\_
- You may contact me via email/text at: \_\_\_\_\_
- You may contact me via: \_\_\_\_\_

**Please list authorized persons with whom we may discuss your Protected Health Information (PHI) in addition to custodial parents and legal guardians:**

- 1. \_\_\_\_\_ Date Added/Removed: \_\_\_\_\_
- 2. \_\_\_\_\_ Date Added/Removed: \_\_\_\_\_
- 3. \_\_\_\_\_ Date Added/Removed: \_\_\_\_\_
- 4. \_\_\_\_\_ Date Added/Removed: \_\_\_\_\_

**\*\*\* For Office Use Only \*\*\***

**We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained due to:**

- Refusal to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining the acknowledgment.
- Other (Please specify) \_\_\_\_\_

Staff Initials \_\_\_\_\_