

Acknowledgement of Receipt of Notice of Privacy Practices

Please list the names, (first and last) of all minor children covered under this Notice.

Printed Name

Date of Birth

Printed Name

Date of Birth

Printed Name

Date of Birth

Printed Name

Date of Birth

I have been given a copy of the Dentistry for Kids / Hunt Valley Orthodontics *Notice of Privacy Practices* ("Notice"), which describes how the Practice uses and shares health information regarding the above-named minor children. I understand that the Practice has the right to change the *Notice* at any time. I may obtain a current copy by contacting the Practice Privacy Officer.

My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:

Signature of Patient/Parent or Personal Representative

Date

Print Name

Personal Representative's Title (e.g., Guardian, Health Care Power of Attorney)

For Facility Use Only: Complete this section if you are unable to obtain a signature.

If the patient or personal representative is unable or unwilling to sign this *Acknowledgement*, or the *Acknowledgement* is not signed for any other reason, state the reason:

Completed by:

Signature of Practice Representative

Date

Print Name and Title