



Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgment

I, _____, have received a copy of the office's Notice of Privacy Practices. I understand the legal duty of Texas Pediatric Dentistry, Stonebridge Ranch Dentistry, and TPD Smiles's use of and disclosure of health information and my patient rights.

Patient/Parent/Guardian Name (Printed) _____

Patient/Parent/Guardian (Signature) _____

Child's Name (Printed) _____

Child's Name (Printed) _____

Child's Name (Printed) _____

Child's Name (Printed) _____

Child's Name (Printed) _____

Should you have any questions or concerns, please let us know.

For Office Use Only

We have attempted to obtain written acknowledgement of the receipt of our Notice of Privacy Practices, however acknowledgement could not be obtained for the following reasons:

- Parent or Guardian refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented acknowledgement
- Other reason _____