

Pediatric Dental Care of Wilmington

Your Privacy Is Important to Us

Acknowledgement of Receipt of Notice of Privacy Policies

I have received a copy of the Notice of Privacy Practices for Pediatric Dental Care of Wilmington, I hereby authorize, as indicated by my signature below, for Dr. Marcy Gabrilowitz to use and to disclose my protected health information for any necessary clinical, financial, and insurance purpose, as authorized in the Patient Consent form.

_____ Date of Birth _____
Print Name of Patient

_____ Signature (Parent or Legal Guardian) _____ Date _____
Print Name of Parent or Legal Guardian

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 send me an email at: _____
- Other _____

In some cases, it is necessary for us to speak with your child's pediatrician, orthodontist or other specialists regarding their care. Please list doctor(s) with whom we may discuss your Protected Health Information (PHI).

1. _____ Date Added / Removed: _____
2. _____ Date Added / Removed: _____

In addition to custodial parents and legal guardians, please list authorized persons (such as grandparents, aunts, uncles, babysitters, etc) whom you give permission to discuss your Protected Health Information (PHI), to accompany your child to appointments, update medical history and consent for treatment.

1. _____ Date Added / Removed: _____
2. _____ Date Added / Removed: _____
3. _____ Date Added / Removed: _____
4. _____ Date Added / Removed: _____
5. _____ Date Added / Removed: _____

For Office Use Only:

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but could because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please Specify) _____

Staff Person Initials _____