

Sea of Smiles

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT FOR MEDICAL DOCUMENTATION PHOTOGRAPHS

You may refuse to sign this acknowledgement. In refusing we may not be allowed to process your insurance claims.

I, _____, acknowledge that I have been given the
(print name)
opportunity to read a copy of this office's Notice of Privacy Practices, and I am aware that a
copy will be made available at my request. I also consent that a photograph may be taken of my
child for the purposes of medical documentation.

Signature of parent/legal guardian

Relationship to child

Date

For Office Use Only

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

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

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