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HIPAA CONSENT FORM

I have received and/or reviewed a copy of Tyger River Pediatric Dentistry's Notice of Privacy Practices.

You may refuse to sign this acknowledgement.

Guarantor signature: _____ Date: _____

(Parent or Legal Guardian ONLY, sign here)

Patient's Name: _____

I authorize the following individuals to act as appointed health care representatives with whom my child's health information may be discussed. I also authorize and give consent for the following individuals to bring my child to dental appointments and make treatment decisions on my behalf.

Provide name(s) below of anyone else besides Guarantor that may bring your child to dental appointments and make dental treatment decisions:

_____	_____
(Name)	(Relationship to Child)
_____	_____
(Name)	(Relationship to Child)
_____	_____
(Name)	(Relationship to Child)

Office use only:

We attempt 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 prevented us from obtaining acknowledgement

Staff Signature

Date