



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

By signing this form, I acknowledge that I received the Notice of Privacy Practices for Holdbrook Pediatric Dental, LLC, which provides information about how its practice may use and disclose my child's protected health information:

Name of Patient

Signature of Patient
(or Patient's Parent, Guardian or
Personal Representative)

Date of Receipt

Parent, Guardian or Personal Representative
Information (if applicable):

Name of Parent, Guardian or
Personal Representative

Relationship to Patient or Description of
Authority to Act on Patient's Behalf