Holdbrook
PEDIATRIC DENTAL
LLC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF

PRIVACY ACT

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 health information:

_____
Name of Patient

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

Date of Receipt

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

_____
Name of Parent, Guardian, or
Personal Representative

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