



HIPPA ACKNOWLEDGEMENT FOR PARENTS TO SIGN

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please print child's (or children's names, if more than 1 child) name

Parent's Signature

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 explain)

Roswell Pediatric Dentistry and Orthodontics

10930 Crabapple Rd., Ste 106. Roswell, Ga 30075 Tel 678 352 1090 Fax 678 352 1029

Canton Pediatric Dentistry and Orthodontics

3395 Sixes Rd. Ste 140. Canton, Ga 30114 Tel 770 720 0079 Fax 770 720 0045

Perimeter Pediatric Dentistry and Orthodontics

2221 Johnson Ferry Rd. Ste 2-A. Atlanta, Ga 30319 Tel 770 407 6549 Fax 678 352 1022

Alpharetta Pediatric Dentistry & Orthodontics

1030 Cambridge Square, Suite B. Alpharetta, GA 30009 Tel (678) 578-5035 Fax (678) 578-5039

Milton Pediatric Dentistry & Orthodontics

980 Birmingham Rd Suite 507. Milton, GA 30004 Tel (678) 352 1033 Fax (678) 352 1043