



All About Smiles

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RECEIPT OF NOTICE OF PRIVACY PRACTICE

I,

Have received a copy of ALL ABOUT SMILES Notice of Privacy practices

X
Signature of Parent/Legal Guardian

CONSENT OF USE AND DISCLOSURE OF HEALTH INFORMATION

Below is the list of names of all the children I make health care decisions for at are patients at this clinic.

#PAT_FIRST_NAME #PAT_LAST_NAME _____

Below is a list of other people whom can have access to my child's health information and/or bring my child to their dental appointments.

X
Signature of Parent/Legal Guardian