

Kitchens Pediatric Dentistry

14114 Taylor Loop Road
Little Rock, AR 72223
(501) 868-3331

HIPPA Consent Form

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

You may refuse to sign this acknowledgement.

Guarantor signature: _____ **(Parent or Legal Guardian ONLY, sign here.)**

Date: _____

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.

(List names of anyone else besides Guarantor that can bring your child to dental appointments and make dental treatment decisions on the lines below.)

For office use only:

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- _____ Individual refused to sign
_____ Communications barriers prohibited obtaining the acknowledgment
_____ An emergency prevented us from obtaining acknowledgment

Staff Signature

Date