

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

"You May Refuse to Sign This Acknowledgment"

I, _____ have been informed of this office's Notice of Privacy Practices.

Print Name

Signature

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment 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 situation prevented us from obtaining acknowledgment
 - Other (Please Specify)
- _____

Smile Care for Kids
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F: (973) 831-6399

My initials serve as an acknowledgement giving authorization to the following person(s) to obtain and discuss any medical/dental records, financials, treatment(s) and appointments with Joseph Basilitato DMD LLC and all Staff of Smile Care For Kids on behalf of me or my child(s) behalf.

_____ **RELATIVE** *(please specify and name)* _____

_____ **NANNY / BABYSITTER** *(name)* _____

_____ **CARE TAKER NAME** *(Group Home or Live-In)* _____

_____ **OTHER** *(please specify)* _____

I do not hold any Staff Member of Smile Care For Kids and/or Joseph Basilitato DMD LLC liable for any information given to the person(s) specified by me as initialed above.

Signature

Date

Print Name

Relationship to Patient

Name of Patient *(if other than Self)*