



# Ottawa Children's Dentistry

1704 Polaris Circle, Ottawa, IL 61350 • (815) 434-6447 • [www.ottawachildrendentistry.com](http://www.ottawachildrendentistry.com)

## Notice of Privacy Practices Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my child's protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my child's treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly or indirectly
- Obtain payment from third-party payers (e.g. my insurance company)
- Conduct normal healthcare operations such as quality assessments and physician certifications

I acknowledge that I have been informed of and given the right to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my child's protected health information and my rights under HIPPA. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request, in writing, that you restrict how my child's private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions; however, if you agree then you are bound to abide by such restrictions.

I understand I have the right to revoke this consent except to the extent that we have already taken action covered under this consent. If I chose to revoke this consent, I must do it in writing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Parent (or Legal Guardian) Name

\_\_\_\_\_  
Parent's (or Legal Guardian) Signature

\_\_\_\_\_  
Relationship to Patient

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### OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on the Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Reason (refused to sign, communication barriers, emergency situation, other)