



ACKNOWLEDGEMENT OF RECEIPT OF
HIPAA NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of Mebane Pediatric Dentistry's
HIPAA Notice of Privacy Practices:

Patient name (Please print)

Signature of Guardian

Relationship

Date

As the legal guardian, I permit the following non-guardian(s) to receive updates on my
child's clinical procedures and treatment plans :

Name(s) of non-Guardian(s) (Please print)

Relationship