

# Children's Dental Specialists

**CANDICE Z. HUTCHESON, D.D.S., M.S.**  
DIPLOMATE AMERICAN BOARD OF  
PEDIATRIC DENTISTRY

**TERRI E. TRAIN, D.D.S., M.S.**  
DIPLOMATE AMERICAN BOARD OF  
PEDIATRIC DENTISTRY

**ELIZABETH B. GOODALL, D.D.S.**  
BOARD ELIGIBLE BY AMERICAN BOARD OF  
PEDIATRIC DENTISTRY

**RODNEY P. LEWIS, D.D.S., M.S.**  
DIPLOMATE AMERICAN BOARD OF ORTHODONTICS

---

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

---

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

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by your office of your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I have been given the rights to review such *Notice of Privacy Practices* prior to signing this consent. 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 at the address below to obtain a current copy of the *Notice of Privacy Practices*.

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

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

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

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

---

### 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
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify):

\_\_\_\_\_  
\_\_\_\_\_