



# Acknowledgement of Receipt of Notice of Privacy Practices and Authorization to Disclose Personal Health Information

Until now, every time your parents or guardians took you to a doctor's office, they were probably asked to review and sign a *HIPAA Form*. The *HIPAA Form* is simply a notice that describes how your health information is protected. The *Privacy Policy* (attached) will help you understand how your medical information is used, to whom it may be given and how you can get access to it. Once you've reviewed it, please sign indicating that you've received the information.

Below is a *Personal Health Information (or PHI) Disclosure Agreement*. Since you are no longer considered a minor, your parents/legal guardians need your authorization to act on your behalf. If you would like to grant permission to share your personal dental health information with a personal representative (including your parent and/or guardians), please indicate their name(s) and sign below.

## Personal Health Information Disclosure Agreement

I am 18 or over and my parents/caregivers continue to be the responsible party for payment, Children's Dental Village has my permission to discuss my Personal Health Information (or PHI) as the responsible party. PHI may include (but is not limited to): appointment dates/times, x-ray results, financial ledger of account and any other relevant information related to treatment at this location, such as a description of treatment the doctor has recommended.

I, \_\_\_\_\_, grant permission for Children's Dental Village to disclose my personal health information to the following representative(s). List name(s) here (parent, grandparent, guardian, sibling, etc.):

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

I, \_\_\_\_\_, do NOT grant permission for Children's Dental Village to disclose my personal health information. As such, I also understand that **I am financially responsible for payment of all expenses related to my care and treatment at Children's Dental Village.**

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

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