



General Dentistry for Youth

first tooth through age 20

HIPAA ACKNOWLEDGEMENT

Dear _____

Thank you for bringing your child, @PAT_FIRSTNAME @PAT_LASTNAME @PAT_DOB into our dental office today. The privacy of your health information is important to us. Upon arrival, you should have been offered a copy of the Smile Starters "Notice of Privacy Practices". While we do not share your information with outside firms for marketing purposes, we will as a service to our patients, provide a courtesy appointment reminder call and possibly other important calls that may be placed using a prerecorded message.

By signing this document, you are acknowledging a copy of the Smile Starters "Notice of Privacy Practices" has been made available to you. A copy of our privacy practices can also be found at www.smilestartersdental.com. You are also consenting to receive prerecorded messages, texts or emails to any contact information attached to your families' account including the phone numbers provided below. To opt out, follow the message prompts.

Once again, we thank you for allowing Smile Starters to provide your dental services today.

Sincerely,

Your Smile Starters Team

Signed By: Guardian _____

Date: _____

Home Phone Number: _____

Mobile Phone Number: _____

Email: _____