

# Acknowledgement of Receipt of Notice of Privacy Practices

To the Parent: Please read the following statements carefully. Purpose of consent: By signing this form, you will consent to our use and disclosure of your child's protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your child's protected health information. A copy of our Notice accompanies this consent. We encourage you to read it carefully and completely before signing this consent. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our Privacy Practices, we will issue a revised copy. Those changes may apply to any of your child's protected health information that we maintain. You may obtain a copy of our Privacy Practices, including any revisions of our Notice, at any time by contacting: Ivis Alvarez, D.M.D (904) 641-7455 7807 Baymeadows Road East Ste 305 Jacksonville, FL 32256

Right to Revoke: You will have the right to revoke this consent at any time by giving us written notice of your revocation submitted to the contact person listed above. Please understand the renovation of the consent will affect any action we took in reliance on this consent before we received your revocation, and that we may decline to treat your child or continue treating you if you revoke this consent.

I have had full opportunity to read and consider the contents of this consent form and your Notice of Privacy Practices. I understand that, by signing this consent form, I am giving my consent to your use and disclosure of my child's protected health information to carry out treatment, payment activities and health care operations.

I have received a copy of this office's Notice of Privacy Practices.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_