

Pediatric Dentistry of Greenville P.A.
Dr. Charles McNutt, D.D.S.
410-A Pelham Rd.
Greenville, SC 29615

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT OF INFORMATION

You may refuse to sign this acknowledgement and consent form.

I, _____, have received a copy of this office's notice of privacy practices. By this signature, I also consent that this office can use or disclose my health information to a physician or other healthcare provider, providing treatment for me. It also authorizes this office to use and disclose my health information for the purpose of filing insurance claims. It further authorizes this office to contact me via mail, and/or telephone (cell phone or pager) to advise me of appointment times, payment and/or questions regarding treatment. **If there is any part of this consent you do not wish to agree to, please strike through that portion and advise our staff.**

Print Name

Signature

Date

Office use only

We attempted to obtain written acknowledgement and consent of our notice of privacy practices, but acknowledgement and consent could not be obtained because:

- Individual refused to sign
 - Communication barrier prohibited obtaining the acknowledgement and consent
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
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