



PARENT/GUARDIAN ACKNOWLEDGMENT OF POLICIES

Patient name:

Notice of Privacy Practices

Federal law requires that all patients be given a copy of the Notice of Privacy Practices. It describes in detail how patient health information is used and shared with others.

I have been given a copy of Rocklin Pediatric Dentistry's current **Notice of Privacy Practices**. I understand that I can request to receive a copy of these regulations. Rocklin Pediatric Dentistry reserves the right to change it at any time.

Parent/Guardian Signature:

Date:

Office Insurance and financial policies

I have been given a copy of Rocklin Pediatric Dentistry's **Office Insurance and Payment Policies**. I acknowledge and agree to these policies, including being fully responsible for all fees incurred at Rocklin Pediatric Dentistry.

Parent/Guardian Signature:

Date:

Office appointment policies

I have been given a copy of Rocklin Pediatric Dentistry's **Office Appointment Policies**. I acknowledge and agree to these policies.

Parent/Guardian Signature:

Date:

Dental Materials information Sheet

I have been given a copy of the **Dental Materials Information Sheet**. I understand that I can request to receive a copy of this information.

Parent/Guardian Signature:

Date: