mercer children's dentistry, PC

Specialists in Pediatric Dentistry

Brian K. Allen, DMD
NJ SP#4056

Kristy L. Slachta, DMD
NJ SP#6103

ACKNOWLEDGEMENT FOR RECEIPT OF NOTICE OF PRIVACY PRACTICES

(YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT)

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

Patient Name (please print) _____
Parent/Guardian Signature _____
Date: _____

Mercer Children's Dentistry may leave protected Health Information, including patient's name, diagnosis, date & time of service/appointment, on the following (please check appropriate and include number):

- Answering machine/voicemail: _____
- Text message: _____
- Email: _____
- Other: _____

AUTHORIZATION TO RELEASE INFORMATION

This section is used to obtain authorization to release information regarding you and/or your child covered under the Privacy Act to people other than yourself. I, _____, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself and/or my child(ren).

Print Name	Relationship	Phone Number
Print Name	Relationship	Phone Number
Print Name	Relationship	Phone Number

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) _____