



**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement****

I have read and received a copy of Bippo's Place for Smiles Notice of Privacy Practices.

{Please print name} – Parent

Patient's name

Signature of Parent

Date

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
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by, unauthorized third parties. However, you may consent to receive email from us regarding your treatment. We will use the minimum necessary amount of protected health information in any communication.

- I consent and accept the risk in receiving information via email.
- I consent only to receiving appointment reminders via email or text.
- I do not consent to receiving any information via email.
- I understand that I may withdraw/change my consent at any time.

Signature of Parent/Legal guardian

Date