

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability, & Accountability Act of 1996 (HIPPA),

I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers
Who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have been given an opportunity to view in office, and/or received a copy, upon my request, of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at Pediatric Dental Centers, PC, 601 N.W. Atlantic St. Suite A, Tullahoma, TN 37388 or phone (931)455-8003 to obtain a current copy of the Notice of Privacy Practices.

I acknowledge that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my request restrictions, but if you do agree then you are bound to abide by such restrictions.

I acknowledge that I was notified that Pediatric Dental Centers, PC has a open bay operatory area. With this open bay, conversations regarding but not limited to diagnosis, medical, behavioral information may be overheard by others in the building.

I acknowledge that Pediatric Dental Centers, PC may in attempts to contact you, leave messages on answering machines, with persons who answer your phone, or contact you by mail or work, where others may have opportunity to see or over hear information.

PATIENT NAME _____ DATE OF BIRTH _____
 PARENT/GUARDIAN NAME _____
 SIGNATURE _____ DATE _____

OFFICE USE ONLY:

This office attempted to obtain the Parent/Guardian signature for their minor child, in acknowledgement of this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented here:

Date _____ Initials _____ Reason _____

NOTICE OF INFORMED CONSENT

As parent or legal guardian I acknowledge that Pediatric Dental Centers, PC has informed me, if requested, of typical benefits, risks, complications, contradictions, alternative procedures for the following dental treatments and any other information at my request. The available MSDS , material description from the manufacturer or information material insert sheets for dental materials ,have been made available for my review, if requested. I acknowledge I may have any questions answered regarding my child's treatment.

- Exam/ recommended treatment
- Anesthesia> typical Lidocaine 2.5% /Prilocaine 2.5 % cream , Lidocaine Hydrochloride 2% with Epinephrine 1:100,000
- Radiographs
- Prophy (cleaning)
- Fluoride treatments
- Fluoride varnish treatments
- Sealants> etchant, bonding, sealant, curing light
- Dental extractions
- Space maintainers> alginate, cement
- Amalgam (AKA Silver/Mercury)fillings> occasionally base, liner, etchant, bonding etc
- Composite (tooth colored) fillings> etchant, bonding, curing light, occasionally base/liner etc
- Sedative (temporary) fillings>not limited to Dycal, Interface, Zinc Oxide Eugenol, IRM
- Crowns> cement
- Mouth guards> alginate

As the parent or legal guardian I give my informed consent for this minor child to receive any and all exam and dental treatment deemed necessary. I also have been given options for referrals if deemed necessary upon my request. I acknowledge I also understand that I can contact my insurance company for specialized services or seek out a specialist on my own if there is need for a procedure that Pediatric Dental Centers PC cannot provide at that time.

Signature of parent/guardian giving informed consent for treatment _____
 Date of signature _____ Relationship to child _____