

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of World of Smiles, Pediatric Dentistry: **Notice of Privacy Practices for Protected Health Information**. I have been given the opportunity to ask any questions I may have regarding this Notice.

**Signature of patient, parent, or guardian:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name(s): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_