Ready Set Smile
Laura B. McAuley, DDS
PEDIATRIC DENTISTRY

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for LAURA B. MCAULEY, DDS. A copy of this signed, dated Acknowledgement shall be effective as the original.

Patient's Name (please print):_____

Your Name (please print):_____

Relationship to Patient:_____

Signature:_____ Date:_____

CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

(You may refuse to sign this part of the acknowledgement; however we will not be able to file claims with your insurance company if not signed.)

I hereby authorize Dr. Laura B. McAuley and her staff to use and disclose the entire medical/dental record concerning my child named below in accordance with the attached Notice of Privacy Practices (NOPP). I have reviewed the NOPP, been given an opportunity to ask questions about it, understand it, and do hereby agree to its terms. A copy of this signed, dated consent shall be effective as the original. I release, hold harmless, and agree to indemnify Dr. Laura B. McAuley, her employees, and agents for any and all liability (including but not limited to negligence) arising out of or occurring under this Consent for Use and Disclosure of Protected Health Information.

Patient's Name (please print):_____

Your Name (please print):_____

Relationship to Patient:_____

Signature:_____ Date:_____

If you have any questions about this form or our NOPP, please contact our Privacy Officer at 850-505-9778.