



HIPAA and Office Policies Acknowledgement and Consent

Due to the high demand for appointments for new patients in our office, it is important that you do not miss your child's scheduled appointment or give us at least 48 hours notice to change the time/day of the appointment.

Our office values our patients and their families. In order to respect the time of our patients, their families, and our staff, the following agreement of understanding for our appointment policy is below:

While we understand certain circumstances may be unavoidable, repeat occurrences or failure to arrive on time may result in dismissal from the practice. Exceptions may be made at the doctor's discretion. If we are unable to make contact with you within 48 hour of your child's appointment to confirm, we reserve the right to cancel your child's appointment to be able to accomodate other patients.

While parents and siblings are allowed back for hygiene appointments, we request that only one parent accompany the patient back for operative/treatment visits to minimize distractions and for patient and staff safety.

I have reviewed the Notice of Privacy Practices. I authorize Smiles2Be and its staff to release information regarding my child's care, medical or dental, and treatment to my dental insurance carriers, claims administrators, and consulting health care professionals for the administration and payment of my claims and coordination of care. Until Smiles2Be is notified in writing, this consent will remain in effect.

I have read and understood the consent form and I sign it freely and voluntarily. I understand that I have the right to receive a copy of this authorization. I understand and accept the terms of the scheduling and appointment policy.

Child's Name: Test Test Child's Birthdate: 07/05/1935

Parent/Guardian's Name: _____
