KidShine Pediatric Dental Group

Pearl City Shopping Center
850 Kamehameha Hwy #215
Pearl City, HI 96782
(808) 638-3313

Kapolei Shopping Center
590 Farrington Hwy #155
Kapolei, HI 96707
(808) 428-8019

CONSENT FORM

Prior to using or disclosing your protected health information to carry out treatment, payment of health care operations, KidShine Pediatric Dental Group is required under federal law to obtain your consent. Please review this consent. If you agree with its terms, please sign and date this consent below. By signing this consent, you agree that we may use or disclose your protected health information to carry out treatment, payment or health care operations. You have the right to request restrictions on how your protected health information is used or disclosed to carry out treatment, payment or health care operations. However, we are not required to agree to such restrictions. If we agree to a restriction that you request, such restriction will be binding. You have the right to revoke this consent in writing, except to the extent that we have taken action in reliance on your consent.

I,_____(Patient/Guardian), hereby certify that I have read the provisions set forth in this consent.

Signature of Parent/Guardian:_____ **Date:**_____

Print Name:_____

Acknowledgement of Receipt of Notice of Privacy Practice

I,_____(parent/guardian) for_____(patient) have received a copy of this dental office's Notice of Privacy Practices.

Signature of Parent/Guardian:_____ **Date:**_____

Print Name:_____

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
- ❑ Communication barriers prohibited obtaining the acknowledgement.
- ❑ An emergency situation prevented us from obtaining acknowledgement.
- ❑ Other (please specify).