



## CONSENT STATEMENTS

CHILD'S NAME \_\_\_\_\_

The following consent statements refer to documents containing information regarding specific policies of Kidz-R-Kool Pediatric Dentistry. Please sign these statements only after carefully reading such information. These informative documents should be retained for future reference.

### FINANCIAL & INSURANCE INFORMATION

I have read the form entitled, "Financial & Insurance Information" including details regarding my financial responsibility towards care rendered by doctors at Kidz-R-Kool Pediatric Dentistry and understand that the parent or legal guardian who accompanies my child to an appointment will be responsible for payment at the time services are rendered, unless prior arrangement have been made.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### CANCELLATION POLICY

I have read the form entitled, "Cancellation Policy" and understand its contents. Furthermore, I take full responsibility for the cancellation of any needed appointments and am aware that without prior notification or a valid reason, a \$50.00 fee will be incurred.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### NOTICE OF PRIVACY PRACTICES

Health Insurance Portability & Accountability Act of 1996

I have read the form entitled, "Notice of Privacy Practices" and understand its contents concerning the privacy of my child's confidential healthcare information. I do hereby provide consent for the standard use of such information and understand that these provisions prohibit Kidz-R-Kool Pediatric Dentistry from selling or transferring this information to any unauthorized location without my prior approval. I have reviewed this information and all questions have been answered to my satisfaction.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

I attest that the following documents were provided to the parent or legal guardian of the child noted above. All questions have been answered and I have witnessed the signing of these consent statements.

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_