

**Acknowledgement and Consent of HIPAA Practices**

I \_\_\_\_\_, have read and have been offered a copy of the HIPAA Privacy Practices at Healthy Smiles of Delaware, PA. My signature below indicates Acknowledgement and Consent of HIPAA Practices for all persons listed on my account, for which I am the Responsible Party.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REFUSAL OF SIGNATURE**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date