



melissa a. morrow dds

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Haslett, Michigan 48840

**HIPAA - Acknowledgement of
Receipt of Notice of Privacy Practices**

** You May Refuse to Sign This Acknowledgement **

Patient Name _____

I, _____, have received a copy of this office's Notice of Privacy Practices.

Adult (18 and over) Please PRINT Name

Signature _____ Date _____

I, _____,

Custodial Parent / Legal Guardian / 18 and over dependant adult

here by authorize the person(s) listed below to receive treatment and/or patient information for the above named patient

Name of Person(s)	Relationship to Patient
_____	_____
_____	_____
_____	_____
_____	_____

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
- ___ An emergency situation prevented us from obtaining acknowledgement
- ___ Communication barriers prohibited obtaining the acknowledgement
- ___ Other _____

Office Signature _____

Date _____

**There are times we need to leave a message regarding your child's dental health information.*

What phone number do you prefer us to use _____

** I chose not to have a message left regarding my child's dental health information*

Minor Release Form for Photo

I am the parent or guardian of the minor child named above and I have the legal authority to execute this release on behalf of the child. I give Dr. Melissa Morrow unrestricted right to take and use photographs of the child named below in all forms, media and manners for advertising, trade, promotion exhibition, or any other lawful purposed except pornographic or defamatory. I waive any right to review or approve the photographs, the use of the photographs, or the matter that may be used in now or in the future.

NO PHOTO will have your child's name with it except for in patients chart.

Name of Parent or Guardian (Print): _____

Signature: _____ Phone: _____

Please check what the picture may be used for.

May be used for: Chart Bulletin Boards Website Nothing

Witness signature: _____ Date: _____