

KIDS ONLY DENTAL
Dentistry for Children and Adolescents

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**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY
PRACTICES NOTICE**

SECTION A: The Patient

Name: _____

Address: _____

Telephone: _____ Email: _____

Patient Number: _____ Social Security: _____

SECTION B: Acknowledge of Receipt of Privacy Practices Notices

I, _____, acknowledge that I have received a Notice of Privacy Practices from the above-named practice.

*Signature: _____ Date: _____

If personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____