



Consent statements

CHILD'S NAME

The following consent statements refer to documents containing information regarding specific policies of Happy Campers Pediatric Dentistry. Please sign these statements only after carefully reading such information.

These informative documents should be retained for future reference.

Financial and Insurance information

I understand my Financial & Insurance Information including details regarding my financial responsibility towards care rendered by doctors at Happy Campers 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 understand and take full responsibility for the cancellation of any needed appointments and I am aware that without prior notification or a valid reason, a \$25 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 Happy Campers 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 _____

I attest that the information above 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 _____