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Acknowledgement of Receipt of Notice of Privacy Acts

Purpose: This form is used to obtain acknowledgment of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain acknowledgement.

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, the parent/legal guardian of, _____
(child/children's name)

have received a copy, or have had access to a copy of this office's Notice of Privacy Practices.

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

Authorization to Release Information

Purpose: This form is used to obtain authorization to release information regarding you and/or your child/children for reasons stated in the Notice of Privacy Acts. I, parent/legal guardian of the above named child/children, authorize the release of my and/or child/children's personal health care information to be used and disclosed for reasons stated in the Notice of Privacy Acts.

Parent/Guardian's Signature: _____

Authorization to Release Information to People other than Yourself

Purpose: This form is used to obtain authorization to release information regarding you and/or your child/children covered under the Privacy Act to people other than yourself. I, parent/legal guardian of the above named children, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself and/or child/children. (i.e. step-parent, nanny, grandparent etc.)

Parent/Guardian's Signature: _____

Print Name & Relationship to Patient

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