

SHORELINE

PEDIATRIC DENTISTRY



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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(NOTE : You may refuse to sign this acknowledgement)

I acknowledge that I have read or have been made available to read Shoreline Pediatric Dentistry's Notice of Privacy Practices and have been offered a copy for my personal records.

Print Parent / Legal Guardian's Name: _____

Parent or Legal Guardian's Signature: _____

Child or Children's Name(s): _____

Today's Date (MM/DD/YYYY): ____/____/____

**** BELOW IS FOR OFFICE USE ONLY ****

We attempted to obtain written acknowledgement of the receipt of our Notice of Privacy Practices, however acknowledgement could not be obtained for the following reason:

- ☐ Parent / Legal Guardian refused to sign
- ☐ Communication barriers prohibited obtaining acknowledgement
- ☐ An emergency situation prevented acknowledgement
- ☐ Other: _____

