

**MORROW LAI & KITTERMAN
PEDIATRIC DENTISTRY
2930 South Pittsburg Avenue
Tulsa, Oklahoma 74114
918-742-9810**

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I may refuse to sign this acknowledgement.

I have been offered and / or received a copy of Morrow Lai & Kitterman Pediatric Dentistry Notice of Privacy Practices.

I understand that my PHI (Protected Health Information) can and will be used for purposes of treatment and for payment from both myself and/or third party. I understand that I may request a copy of the privacy policies at any time.

Patient's Name (printed)

Signature of Patient / Parent / Guardian

Date

**Expiration : 3 YEARS FROM THE DATE OF THE ORIGINAL
SIGNATURE OR ONCE THE PATIENT REACHES
THE AGE OF 18.**

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Patient Name: _____

Date: _____

Signature: _____

I consent for the office of Morrow Lai & Kitterman Pediatric Dentistry, to share my personal information with the following:
(family, friends, etc.)

Name / Relationship:

1. _____ / _____

2. _____ / _____

3. _____ / _____

4. _____ / _____

5. _____ / _____

6. _____ / _____