

# KIDS TOWN PEDIATRIC DENTISTRY

**NOTICE OF PRIVACY PRACTICES FOR  
KIDS TOWN PEDIATRIC DENTISTRY, PLLC &  
KIDS TOWN PEDIATRIC DENTISTRY OF SYRACUSE, PLLC**

**LOCATED AT EITHER:**

**3540 West 6000 South, Suite #200, Roy, UT 84067**

**2940 North Church Street, Suite #301, Layton, UT 84040**

**780 South 2000 West, Building F-2, Syracuse, UT 84075**

I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my child or wards protected health information. I understand that the information can be used, but are not excluded to:

**CONDUCT, PLAN AND DIRECT MY TREATMENT AND FOLLOW-UP AMONG THE MULTIPLE HEALTHCARE PROVIDERS WHO MAY BE INCLUDED IN THAT TREATMENT DIRECTLY AND IN-DIRECTLY.**

**OBTAIN PAYMENT FROM THIRD-PARTY PAYERS.**

**CONDUCT NORMAL HEALTHCARE OPERATIONS SUCH AS QUALITY ASSESSMENTS AND PHYSICIAN CERTIFICATIONS.**

I understand your Notice of Privacy Practices containing a more completed discretion of the uses and disclosures of my health information can be obtained if requested. I understand that this organization has the right to change the Notice of Privacy Practice from time to time and I may contact this organization at any time at the address above to obtain a current copy of Notice of Privacy Practices. I understand that I may request in writing that you restrict how my privacy information is used and disclose to carry out treatment, payment or health care operation. I also understand Kids Town Pediatric Dentistry is not required to agree to my restriction, but if you do agree then you are bound to abide by such restrictions.

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Signature of Parent or Legal Guardian

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Date