

Patient Acknowledgement and Consent Form
Macatawa Smiles
Brenton D. Habecker, D. D. S., PLLC
720 Michigan Avenue
Holland, MI 49423
(616) 396-7524

Patient Acknowledgment

Please sign this form below under the heading "acknowledgement" to acknowledge that you have today received a copy of our Notice of Privacy Practices.

I acknowledge that I have today received a copy of the Notice of Privacy Practices.

Patient/Parent Signature

Patient/Child Name

Date: _____

For office use only:

Patient Refused to Sign:

The following circumstances prohibited the patient from signing the Acknowledgment:

An emergency situation prevented the patient from signing the Acknowledgement.

Office Personnel (signature)

Office Personnel (print name)

Date: _____

Patient Consent

Please sign this form below under the heading "Consent" to consent to our disclosures of your information that we deem necessary in order to provide you with proper treatment.

I consent to your disclosures of my information, which you deem are necessary in connection with my treatment.

Patient/Parent Signature

Patient/Child Name

Date: _____