
*"Putting your child's dental health on the right track."*

# CONSENT STATEMENTS

**PATIENT'S NAME** _____

The following consent statements refer to documents containing information regarding specific policies of Black Hills Pediatric Dentistry. Please sign these statements only after carefully reading the information. These informative documents should be retained for future reference.

## BLACK HILLS PEDIATRIC DENTISTRY CANCELLATION POLICY

We are committed to the success of your child's dental treatment and want to provide you with the best service available. We are a practice specializing in the treatment of young children and there are a limited number of appointments available to provide care. There are far more children needing this care than we have space for. If you do not keep an appointment or cancel at the last minute, this causes multiple problems. It delays the treatment to be provided to your child and increases the chances that your child's dental treatment needs will become more severe and require more extensive treatment. It also deprives another child who requires similar care from receiving care and causes them to suffer with toothaches and other dental problems. It is extremely important that if you cannot make the appointment for your child's treatment that you notify our office immediately.

*I have read the form entitled, "**Cancellation Policy**" and understand its contents. Therefore, I take full responsibility for the cancellation of any needed appointments and am aware that without prior notification or a valid reason, a $50 fee for Recares and a $150 fee for treatment will be incurred as a **deposit to reschedule.** This deposit will be refundable to me if I keep the new appointment and any subsequent appointments necessary for my child's dental treatment. If I no-show for any further appointments, then the deposit becomes non-refundable and stays with Black Hills Pediatric Dentistry.*

Parent or Legal Guardian Signature _____ Date _____

## NOTICE OF PRIVACY PRACTICES

*I have read the brochure entitled, "**Privacy Notice**" and understand its contents concerning the privacy of my child's confidential healthcare information. I do hereby provide consent of the standard use of such information and understand that these provisions prohibit Black Hills Pediatric Dentistry from selling or transferring this information to any unauthorized location without my prior approval. I have reviewed this information and all questions have been answered to my satisfaction.*

Parent or Legal Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

*I attest that the following documents were provided to the parent or legal guardian of the child noted above. All questions have been answered and I have witnessed the signing of these consent statements.*

*Witness Signature* _____ *Date* _____

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