



SUSAN FALLAHI, DDS - DIPLOMATE, AMERICAN BOARD OF PEDIATRIC DENTISTRY

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, have received a copy of this office's Notice of  
(PARENT/GUARDIAN NAME, PRINTED)  
Privacy Practices on behalf of my child/children.

SIGNATURE (PARENT/LEGAL GUARDIAN)	CHILD(REN)'S NAME(S)	DATE
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### FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- INDIVIDUAL REFUSED TO SIGN
- COMMUNICATION BARRIERS PROHIBITED OBTAINING THE ACKNOWLEDGMENT
- AN EMERGENCY SITUATION PREVENTED US FROM OBTAINING ACKNOWLEDGMENT
- OTHER (PLEASE SPECIFY) \_\_\_\_\_