



DR. ELLEN IM  
PEDIATRIC DENTISTRY

13422 Pomerado Road, Suite 201, Poway, CA 92064  
Phone: 858.679.6660 • powaykidsdentalcare.com

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE**  
**\*\*You May Refuse to Sign This Acknowledgement\*\***

The undersigned acknowledges receipt of a copy of the current effective Notice of Privacy Practice for Dr. Ellen Im Pediatric Dentistry. A copy of this signed, dated Acknowledgement shall be as effective as the original.

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Please print your name

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Please sign your name

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Date of your signature

If you are the legal representative of the patient, please print the patient's name(s) and describe your authority

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If you have any questions about this form or attached Notice, please contact our privacy officer at:

Dr. Ellen Im Pediatric Dentistry  
Attn: Privacy Officer  
13422 Pomerado Road, Suite 201  
Poway, CA 92064

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**OFFICE USE ONLY**

As privacy officer, I attempted to obtain the patients' (or representative) signature on this Acknowledgment but did not because:

- It was emergency treatment \_\_\_\_\_
- I could not communicate with the patient \_\_\_\_\_
- The patient refused to sign \_\_\_\_\_
- The patient was unable to sign because \_\_\_\_\_
- Other (please describe) \_\_\_\_\_

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Signature of privacy officer