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**Mala A. Britto, DDS, MS**  
**Board Certified Pediatric Dentist**

**NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT**

I have been offered a copy and given the opportunity to review Britto's Children's Dentistry's Notice of Privacy Practices. I understand that my protected health information will be used to:

- Conduct, plan and direct my child's treatment and follow-up among other healthcare providers who may be involved in the treatment.
- Obtain any payments not limited to insurance companies, collection agencies, or check processing companies
- Conduct normal healthcare operations such as quality assessment

I also understand that the usual business practice of Britto's Children's Dentistry is to use open bays for most treatment, to send emails, text messages or postcards as appointment reminders and to call to confirm appointments up to two days prior to most appointments. Please note below if you want something other than our usual business practice:

I **DO NOT** want the use of an open bay for my child's treatment. Schedule all of my appointments for the private room. I understand that this may limit my ability to schedule appointments as there are a limited number of private treatment rooms in the office.

Other

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Patient Name: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_

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