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Providing personal care to your children

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available in the office, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signature: _____ Date: _____

Telephone: _____

If not signed by the patient, please indicate relationship:

- parent, or guardian, of minor patient
- guardian, or conservator, of an incompetent patient
- beneficiary, or personal representative, of deceased patient

Name of Patient: _____