

Falls Dental Centre

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Falls Dental Centre has presented to me a copy of the *Notice of Privacy Practices*. This notice provides in detail the uses and disclosures of my protected individual health information, my individual rights and how I may exercise these rights.

Patient's Name: (please print) _____

Patient's Signature: _____ Date: _____

If you are signing this as a personal representative of the patient (e.g. for a child or minor), please sign below:

X: _____

I understand Falls Dental Centre reserves the right to charge a finance charge on any outstanding balance on my account.

X: _____