



Dr. Amy Kinlaw Pediatric Dentistry  
200 West Park Circle Unit C  
North Wilkesboro NC 28659

### NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I, \_\_\_\_\_ have received a copy of  
this office's Notice of Privacy Practices on \_\_\_\_\_.

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

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

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

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

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

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

\_\_\_\_\_  
Parent/ Legal Guardian Name

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
**Office Use Only**  
\_\_\_\_\_

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

- Individual refused to sign
- Communication Barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_