



Kirby-Cochran Center for Dental Health, LLC  
416 Martling Rd. • Albertville, AL 35951

# ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\* YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT \***

I, \_\_\_\_\_, have read and understand this office's Notice of Privacy Practices.

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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## FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- Other (please specify below):

\_\_\_\_\_  
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