

Pediatric Dentistry of Newnan  
Dr. Kim Mathews, DMD  
**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**  
\*You May Refuse to Sign This Acknowledgment\*

I \_\_\_\_\_ have received a copy of Dr. Kim Mathews, DMD 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
- \_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgment
- \_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgment
- \_\_\_\_\_ Other (Please Specify)

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