



167 1st Ave SW
Taylorsville, NC 28681
P: (828) 635-9200

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):

