

**Acknowledgement
of
NOTICE OF PRIVACY PRACTICES**

Kilby Family Dentistry hereby makes it known that all patient information will remain private, unless it is required or requested to share such information with another dentist, doctor, or the patient's insurance company. This is done in compliance with HIPAA Privacy Practices, and my signature below attests that I have been informed of the Privacy Practices stated in this paragraph.

(Signature of Patient, Parent, or Guardian)