

TIOGA DENTAL ASSOCIATES
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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
OF PRIVACY PRACTICES**

I, _____, have received a copy of Tioga Dental
(Patient)

Associates' Notice of Privacy Practices:

Name (Please Print)

(Signature)

(Date)

For Office Use Only

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

- 1. Patient refused to sign. _____
- 2. Communication barriers prohibited obtaining acknowledgement. _____
- 3. An emergency situation prevented us from obtaining acknowledgement. _____
- 4. Other (Please specify). _____

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