

# TIOGA DENTAL ASSOCIATES

*Tioga Town Center*  
13005 SW 1<sup>st</sup> Road, Suite 233  
Office (352) 333-1946 Jonesville FL 32669 Fax (352) 333-9112

## 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)

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**For Office Use Only**  
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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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