

**T. Gregory Jacobs, DDS, P.A.  
Bryan R. Thatcher DMD  
1601 Rickenbacker Drive  
Sun City Center, Florida 33573**

**Acknowledgment of Receipt of Notice of Privacy Practices  
You May Refuse To Sign This Acknowledgement**

**The undersigned acknowledges receipt of a copy of the currently effective  
Notice of Practices for T. Gregory Jacobs DDS, P.A. & Bryan Thatcher DMD  
Date: \_\_\_\_\_**

**A copy of this signed, dated Acknowledgement shall be effective as the  
original.**

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**Please Print Your Name**

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**Please Sign Your Name**

**If you are the legal representative of the patient, please print the  
patient's name and describe your authority.**

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**Thank you. If you have any questions about this form or the attached  
Notice, please contact our privacy officer.**

**\*\*\* OFFICE USE ONLY \*\*\***

**As privacy officer, I attempted to obtain the patient's (or representative's) signature  
on the Acknowledgement but did not because:**

**It was an emergency treatment**

**I could not communicate with the patient**

**The patient refused to sign**

**The patient was unable to sign because: \_\_\_\_\_**

**Other (please describe: \_\_\_\_\_**

**Signature of privacy officer: \_\_\_\_\_**

