

**MORNING STAR DENTAL P.A.**  
**ACKNOWLEDGEMENT OF RECEIPT OF**  
**NOTICE OF PRIVACY PRACTICE**

\*\*You May Refuse to Sign This Acknowledgment\*\*

I, \_\_\_\_\_, have received a copy of Morning Star Dental P.A.'s Notice of Privacy Practice (HIPAA).

(Print Name) \_\_\_\_\_

(Signature) \_\_\_\_\_

(Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

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**For Office Use Only**

We attempted to obtain written acknowledgment 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 acknowledgement

\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_