

Mid-Maryland Musculoskeletal Institute
Orthopaedic Associates of Frederick Rheumatology Associates of Frederick
Physical Medicine & Rehabilitation Associates of Frederick
86 Thomas Johnson Court
Frederick, Maryland 21702

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____ have received a copy of this office's Notice of Privacy Practices.
(Responsible Party)

(Please Print Name) (Responsible Party) Patient Name

Signature

Date

I further authorize the following persons to have access to my medical information:

Persons Name

Relationship

If necessary, the following persons are allowed to pick up prescriptions that cannot be called in to the pharmacy.

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:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

(Staff Signature)

(Date)