

**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

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**\*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.

\_\_\_\_\_  
\_\_\_\_\_

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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:

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please specify)

\_\_\_\_\_  
\_\_\_\_\_

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

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