

## **ACKNOWLEDGEMENT OF RECEIPT OF HIPPA**

We are required by law to maintain the privacy and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak to our HIPPA Compliance Officer, or call 443.559.5063.

Signature below is only acknowledgement that you have received this notice of our Privacy Practices.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_