

**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:

<u>Persons Name</u>	<u>Relationship</u>
_____	_____
_____	_____

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)