

Please Sign and Return

BALTIMORE ORTHODONTIC GROUP

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*** You May Refuse To Sign This Acknowledgement***

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

Please Print Name (Responsible Party)

Patients Name

Signature

Date

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
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
- _____

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