

1589 Sulphur Spring Road, Suite 109 Baltimore, MD 21227 Compliance Hotline (410) 536-4637 Privacy Officer (410) 536-5400

Acknowledgement of Receipt of Notice of Privacy Practices

Ι,		, have	e received a copy o	f the
Notice of Privacy Practices. P	Please return the original and keep a copy for your			
records.				
Signature of Patient or Patien	t's Representative	-	Date	
Print Name				