



8268 Veterans Highway, #3
Millersville, MD 21108
410-775-5335

HIPAA Policy Acknowledgement

Please initial one:

_____ I hereby acknowledge that I have been provided with a copy of the Notices of Privacy Practices.

_____ I hereby acknowledge that I have been provided with a copy of the Notices of Privacy Practices, but decline to accept it at this time.

Date

Client Name (print)