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## **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)