



8186 Lark Brown Road Elkridge MD 21075
 10981 Johns Hopkins Road Laurel MD 20723
 (410) 730-3399



RECEIPT OF NOTICE OF PRIVACY PRACTICE

(YEAR: _____)

WRITTEN ACKNOWLEDGEMENT FORM

We have the Patient Privacy Act/HIPAA notations in our office for your convenience. Please ask if you would like a copy.

My signature below indicated I, (print full name) _____ have reviewed the policy and have been given the opportunity to review and ask questions.

Patient Signature: _____ Date: _____

Date of Birth: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Relationship to patient: _____

MISSED APPOINTMENT FEE:

If you miss your appointment without giving our office at least 24-hour notice, you will be assessed a \$35 charge.

Initials: _____

DOCUMENTATION FEE:

If you are in need of forms to be completed by our Providers, there is a 24-hour turnaround time and a fee of \$40 form completion charge. This includes any forms you present at the appointment as well, except a DOT physical.

Initials: _____

PRESCRIPTION REQUEST

All prescription requests require a 48-72-hour turnaround. In order to simplify the process, please have your pharmacy contact us.

Initials: _____

We have chosen to participate in the Chesapeake Regional Information System for our patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt Out form to CRISP by mail, fax, or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.