



1071 MD-3 #101 Gambrills, MD 21054
410-721-2333

RECEIPT OF NOTICE OF PRIVACY PRACTICE 2021

WRITTEN ACKNOWLEDGEMENT FORM

We have the Patient Privacy Act/HIPPA 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: _____

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. UPDATED 06/18/2019 GD