

CHEVY CHASE ORTHOPEADICS, P.C.
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301-652-6612 or 301-654-2746

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

For Office Use Only:

Patient Name _____

Medical Record # _____ Date of Registration: _____

By signing this form you acknowledge that CHEVY CHASE ORTHOPEADICS, P.C. Has provided you access to a copy of its Privacy Notice, which explains how your health information will be handled in various situations. By law, we are required to have you sign this form on your first date of service with us and maintain it as part of your record.

If your first date of service with us was due to an emergency, we must try to provide you access to this notice and have you sign this form as soon as we can after the emergency.

The Practice has provided me access to its Privacy Notice. I understand I may Request a copy for my personal use.

Patient Signature

Date

Practice staff should complete Acknowledgement Form Notice. I understand I may request a copy for my personal use.

1. Does patient have a copy of the Privacy Notice?
 Yes No

Please explain why the patient was unable to sign an acknowledgement form and the Practice's efforts in trying to obtain the patient's signature.

Employee's initials

Date