PLAN of Maryland-D.C., Inc.

604 S. Frederick Ave., Suite 411
Gaithersburg, MD 20877
Tel: 301-740-8444
Fax: 301-740-8455

Receipt and Acknowledgement of Notice of Privacy Practices for Protected Health Information

Name (Printed) ____

I hereby acknowledge that I have received and been given an opportunity to read a copy of the PLAN of Maryland-D.C., Inc. Notice of Privacy Practices for Protected Health Information. I understand that if I have questions regarding the Notice that I may contact the Executive Director of PLAN of Maryland-D.C., Inc. at 604 South Frederick Ave., Gaithersburg, MD 20877, Telephone 301-740-8444 x 222.

____ ___________
(Signature) (Date)

_____ Patient / Client refuses to sign the Receipt and Acknowledgement of Notice of Privacy Practices for Protected Health Information.

____
(Staff member printed name)

____ ___________
(Staff member signature) (Date)