



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this page, I am acknowledging that I have received the Maryland Physician Health Program's Notice of Privacy Practices or that I was given opportunities to receive and review the Notice but have refused.

*Note: The Maryland Physician Health Program's Notice of Privacy Practices is also available on [www.healthymaryland.org](http://www.healthymaryland.org)*

Comments:

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Signature

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Date