



Southern Maryland
**ORTHOPAEDIC and
SPORTS MEDICINE CENTER**

The Centers for Advanced Orthopaedics

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Acknowledgement of Receipt of Notice of Privacy Practice

PATIENT NAME: _____
(please print full name of patient)

I, _____ . have received the Notice of Privacy Practices
(please print full name of patient/legal guardian)

from Southern Maryland Orthopaedic and Sports Medicine Center-The Centers for Advanced Orthopaedics.

X _____ Date: _____
Signature of patient/legal guardian

In lieu of patient/legal guardian signature, I _____, a
staff member of Southern Maryland Orthopaedic and Sports Medicine Center-The Centers for Advanced
Orthopaedics, state that _____ has been given
(please print full name of patient/legal guardian)
our current Notice of Privacy Practices.

X _____ Date: _____
Signature of staff member when applicable