

**J. Richard Well MD Orthopaedics, P.C.**

5530 Wisconsin Avenue, Suite 915, Chevy Chase, MD 20815, 301-312-6547

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**Acknowledgement of Receipt of  
PRIVACY PRACTICES NOTICE**

**Patient Use:**

By signing this form you acknowledge that J. Richard Wells Orthopaedics, 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.

*(Please check below)*

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

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

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**For Office Use Only:**

*Practice staff should complete Acknowledgement Form Notice below.*

Patient Name \_\_\_\_\_

Medical Record # \_\_\_\_\_ Date of Registration: \_\_\_\_\_

1. Does patient have a copy of the Privacy Notice?

Yes  No

2. 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 initials*

\_\_\_\_\_  
*Date*