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Offer of Notice of Privacy Practices Written Acknowledgment Form

I, _____, have been offered a copy of the Notice of Privacy Practice (HIPPA).

I, DO or DO NOT want the practice to leave a message for me on my answering machine and/or voice mail. (circle one)

I Do or DO NOT want allow the practice to contact me by telephone. (circle one)

I, Do or DO NOT want the practice to contact me in writing to my home address. (circle one).

I, DO or DO NOT want the practice to contact me via my email. (circle one)

Patient Name: _____

Signature of Parent or Guardian

Date