

**Bear Pediatrics, LLC**  
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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 (HIPAA).

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