

**HIPAA MARYLAND NOTICE and INFORMED CONSENT SIGNATURE FORM**

I, \_\_\_\_\_, have read, understood, and accept the policies described in the HIPAA Maryland Notice Form and the Informed Consent Form.

\_\_\_\_\_  
Printed Name of Patient

x \_\_\_\_\_  
Signature of Patient (or guardian if patient is a minor)

\_\_\_\_\_  
Date