

**MARYLAND REAL LIFE DESIGNS, LLC**  
**dba REAL LIFE PROSTHETICS™**  
**Acknowledgement of Receipt Form**

I certify that I have received a copy of the following Real Life Prosthetics™ (RLP) forms/information:

*Check all that apply:*

- Notice of Privacy Practices (ALL “New” RLP Patients)
- Financial Policy and Procedures (ALL “New” RLP Patients)
- Medicare DMEPOS Supplier Standards (ALL “New” MEDICARE RLP Patients Only)

The Notice of Privacy Practices describes the types of uses and disclosures of my Protected Health Information (*also known as PHI*) that might occur in my treatment, payment of my bills or in the performance of RLP’s health care operations. The Notice of Privacy Practices also describes my rights and RLP’s duties with respect to my protected health information. The Notice of Privacy Practices is posted in RLP’s office and on the website at [www.RealLifeProsthetics.com](http://www.RealLifeProsthetics.com)

RLP reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent to me in the mail, asking for one at the time of my next appointment, or accessing RLP’s website at [www.RealLifeProsthetics.com](http://www.RealLifeProsthetics.com)

**I give consent to RLP to use my PHI in order to proceed with my recommended treatment.**

The Financial Policy and Procedures describes what I may expect regarding the billing and payment for all billable devices/services that RLP provides to me. The Financial Policy and Procedures are also posted in RLP’s office.

The Medicare DMEPOS Supplier Standards describes what RLP must comply with in order to continue servicing Medicare Patients and billing Medicare for devices/services. The Medicare Standards are also posted in RLP’s office.

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Signature of Patient or Personal Representative

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Date

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Printed Name of Patient or Personal Representative

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Description of Personal Representative’s Authority