



OBGYNASSOCIATES

**OB-GYN Associates P.C.
45 East 85th Street, New York, NY 10028**

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGMENT FORM**

I, _____ have received a copy of OB-GYN Associates P.C.'s Notice
of Privacy Practices

Signed: _____

Date: _____