

**Sagar Y. Patel, MD**  
*Obstetrics & Gynecology*

**Acknowledgement of Receipt of Notice of HIPAA Privacy**

I, \_\_\_\_\_, acknowledge that I have been provided with a copy of the notice of HIPAA Privacy.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Patient/Parent/ Guardian: \_\_\_\_\_

Dr. Sagar Y. Patel, M.D.LLC.  
Obstetrics & Gynecology  
100 Commons Way Suite 260  
Holmdel, NJ, 07733  
Phone # 732-217-3236  
Fax # 732-217-3327