

Please read the following **HIPAA PRIVACY STATEMENT** on the next page and then sign this page.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with **Dr. Shanti Mishra**, our **HIPPA Compliance Officer** in person or by phone **(845) 534-4700**.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices. This will become part of your medical record.

Signature: _____ Date _____

Print Name: _____