

**Sarah Dutta, Ob-Gyn, S.C.**

Sarah Dutta, M.D.

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received or been offered the Notice of Privacy Practices of Sarah Dutta, Ob-Gyn, S.C. bearing the effective date of September 3, 2013. I understand the notice provides information about how the above named practice may use and disclose my confidential information.

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Name of Patient

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Medical Record Number

Date of Birth

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Signature of Patient or Personal Representative    Date

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Printed name of Patient or Personal Representative

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If Personal Representative, indicate relationship

**Declinations**

\_\_\_ The individual declined to accept a copy of the Notice of Privacy Practices

\_\_\_ The individual received a copy of the Notice of Privacy Practices but declined to sign an Acknowledgement of Receipt

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Employee Signature