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1223-B MONTAUK HIGHWAY
OAKDALE, NEW YORK 11769

Notice of Privacy Practices

Patient Acknowledgment of Receipt of Notice

This is to acknowledge that I have received and reviewed this office's Notice of Privacy Practices. Should I have any questions regarding the Notice of Privacy Practices, I understand that I can contact the practice at 1223-B Montauk Highway, Oakdale, NY.

Patient Name _____

Signature of Patient _____