

**Dr. Rohini Gupta**  
**4500 E 9th Ave #660, Denver, CO 80220**  
**720-675-7009**

**Receipt of Privacy Practices**

I have received a Notice of Privacy Practices, which describes this practices' methods for protecting the privacy of my health information that is used in providing health care services to me from Dr. Rohini Gupta.

\_\_\_\_\_/\_\_\_\_\_  
Client's name or Responsible Party [PRINT/SIGN] Date

***Note: Practice retains this signed page. Client retains the Notice of Privacy Practices document***