

**Privacy Policy Acknowledgement Form**

***Neha V. Dhudshia, M.D., P.A.  
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Phone (972) 673-0924***

I, \_\_\_\_\_, have been given the opportunity to read and/or receive a copy of Neha V. Dhudshia, M.D., P.A.'s Notice of Privacy Practices.

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

Signature of Patient:

\_\_\_\_\_