



**Arjun Medical Center, PC**  
7350 Heritage Village Plaza, Suite 101  
Gainesville, VA 20155  
Ph: 571-248-6666 Fax: 703-202-8594

## **HIPAA Notice of Privacy Practices Confirmation of Receipt**

I have received and reviewed the HIPAA Notice of Privacy Practices. I understand that this document is available on the office website [www.alokguptamd.com](http://www.alokguptamd.com) and is subject to change without notice.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date