



95 Crystal Run Road
Middletown, NY 10941
845-703-3800

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge receipt of the Notice of Privacy Practices for Crystal Run Ambulatory Surgery Center of Middletown, LLC.

Print Name _____

Date of Birth _____

Social Security Number _____ / _____ / _____

Signature _____

Date Signed _____