

**THE HAPPINESS PSYCHIATRIST:**

**SHEENIE AMBARDAR, M.D.**

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**PATIENT ACKNOWLEDGMENT OF RECEIPT OF  
HIPAA NOTICE OF PRIVACY PRACTICES**

**Effective Date: July 1, 2016**

**Patient Name:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**I acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices of Sheenie Ambardar, MD effective July 1, 2016 and have read it carefully.**

**Patient Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_