



**ONE TO ONE FEMALECARE, PA**

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

*David A. Garfinkel, MD  
Lakshmi R. Lagudura, MD  
Patricia Convery, MD  
Tina M. Alessi, CNM*

**Office Locations**

**(973) 683-1400 Tel**  
*111 Madison Avenue  
Suite 305  
Morristown, NJ 07960  
(973) 683-0700 Fax*

**(908) 719-4900 Tel**  
*2345 Lamington Road  
Suite 107  
Bedminster, NJ 07921*

**(973) 227-8898 Tel**  
*170 Changebridge Road  
Unit B6  
Montville, NJ 07045*

I, \_\_\_\_\_, have received  
**PRINT YOUR NAME HERE**  
a copy of One to One FemaleCare, PA, Notice of Privacy.

I, acknowledge that One to One FemaleCare, PA can utilize my private medical information for purposes of guaranteeing proper medical care here and with other physicians and hospitals.

I, acknowledge that One to One FemaleCare, PA can notify me directly about all medical treatment and test care results.

I, acknowledge that my spouse can also be alerted about medical treatment and test results.

I, acknowledge as a dependent that my legal guardian can be alerted about medical treatment and test results.

If I am infirmed or incapacitated or unable to speak for myself, temporarily or permanently, I elect my legal guardian to be alerted about medical treatment and test results.

\_\_\_\_\_

Signature of Patient

Date