

UPSTATE GASTROENTEROLOGY ASSOCIATES, PC
2200 BURDETT AVENUE – SUITE 205
TROY, NEW YORK 12180

William T. Robinson, MD
Christine M. Cooley, FNP
T: 518-272-0234
F: 518-272-0906

Barry Pronold, MD
William T. Robinson III, MD
T: 518-272-1199
F: 518-272-1216

Richard Eglow, MD
Ann Swezey, NP
T: 518-272-0800
F: 518-272-0843

Upstate Gastroenterology Associates, P.C. will provide you with a copy of our Notice of Privacy Practices upon request.

I, _____ request a copy of the notice of privacy
(Patient representative)

Practices: Yes _____ No _____

For Office Use:

If patient requested a copy of Notice, date notice was provided _____

If no acknowledgment could be obtained, state the reasons why and the efforts taken to obtain the acknowledgment.

I acknowledge that I was provided a copy of the Notice of Privacy Practices for Upstate Gastroenterology Associates.

Print Patient Name: _____

Signature of Patient: _____

Date: _____

*If person is not the patient, please print your name and relationship to patient:

Print Name of Patient Representative: _____

Relationship to Patient: _____

Signature of Patient Representative: _____

Date: _____