

Exhibit 4

San Gabriel Valley Perinatal Medical Group, Inc.

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN
ACKNOWLEDGEMENT FORM

I, _____ have been offered to review a copy of San Gabriel Valley Perinatal Medical Group, Inc's Notice of Privacy Practices.

I, _____, give permission to collect information from my medical chart for review for the purpose of quality control. I understand the information will not identify me in any way and could result in publishable material.

Signature of Patient

Date