

Digestive Health Specialists

Acknowledgment and Receipt of Notice of Privacy Practices

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this acknowledgment. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by submitting a request.

By signing this form, you acknowledge receipt of our notice regarding use and disclosure of protected health information about you for treatment, payment and health care operations as described in the notice.

Yes No I authorize Digestive Health Specialists to call my home and leave a message.

Yes No I authorize Digestive Health Specialists to call my work and leave a message.

Please list anyone whom you want to have verbal and/or physical access to your health care information. This information will remain in place until you direct DHS otherwise.

Name:

Relationship:

Patient Name _____

Patient/Representative Signature _____

Date _____