



GASTROENTEROLOGY ASSOCIATES

Consultative Gastroenterology, Hepatology and Gastrointestinal Endoscopy

WRITTEN ACKNOWLEDGMENT OF PRIVACY PRACTICES

I have been provided a copy of Gastroenterology Associates Notice of Privacy Practices.

By signing this form you are confirming you were provided a copy of our Notice of Privacy Practices.
Your treatment will not be conditioned on you signing this form.

If you refuse to sign this acknowledgment, your refusal will be documented in your medical record.

Signature

Date

Relationship to Patient