The Gastroenterology Clinic and Endoscopy Center, Inc.
The Warren Gastrointestinal Endoscopy Center, Inc.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have received the Privacy Notice.

Patient name printed: _____

_____

Signature of Patient or Personal Representative Date

If Personal Representative's signature appears above, please describe the Personal Representative's relationship to the patient:

_____

Are we permitted to leave a message on an answering machine or with a family member?

Yes _____ No _____

If desired, list any people we would be allowed to speak with regarding appointments, treatment, medication, etc.

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____