

ASSOCIATES IN GASTROENTEROLOGY, PC

E. Anthony Ugheoke, M.D., F.A.C.G.

Board Certified in Gastroenterology

PF-200 ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Associates in Gastroenterology, PC reserves the right to modify the privacy practices outlined in the notice.

I have read or received a copy of the Privacy Practices for:
Associates in Gastroenterology, P.C.

Name of patient (PRINT OR TYPE)

Signature of Patient

Date

Signature of Patient Representative
(Required if a patient is a minor or adult unable to sign this form)

Relationship of Representative

List persons you give Associates in Gastroenterology, PC staff authorization to discuss your medical records with, other than yourself.

1. _____

2. _____

3. _____

4. _____